

## WEBINAR 1:

# Telehealth for Idaho RHCs in the Time of COVID-19

May 1, 2020

Jean Glossa, MD, MBA, FACP

Principal

Zach Gaumer, MPP

Senior Consultant

Carrie Cochran, MPA

Principal

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## ■ TODAY'S PRESENTATION



HEALTH  
MANAGEMENT  
ASSOCIATES



Jean Glossa, MD, MBA, FACP  
Washington, DC



Zach Gaumer, MPP  
Washington, DC



Carrie Cochran, MPA  
Washington, DC

2000 M ST NW  
Suite 700  
Washington, DC 20036  
Telephone: (202) 785-3669  
[jglossa@healthmanagent.com](mailto:jglossa@healthmanagent.com)



## Innovators with unmatched real-world experience

### OUR COLLEAGUES ARE FORMER:

- + State Medicaid directors, mental health commissioners and budget officers
- + CEO, COO, CFO and other hospital, health system and state-based health insurance marketplace leaders
- + Managed care executives
- + Physicians and other clinicians who have run health centers and integrated systems of care—many still practice medicine
- + Policy advisors to governors and other elected officials
- + Senior officials from the Centers for Medicare & Medicaid Services (CMS) and the Office of Management & Budget (OMB)

## WHAT WE DO

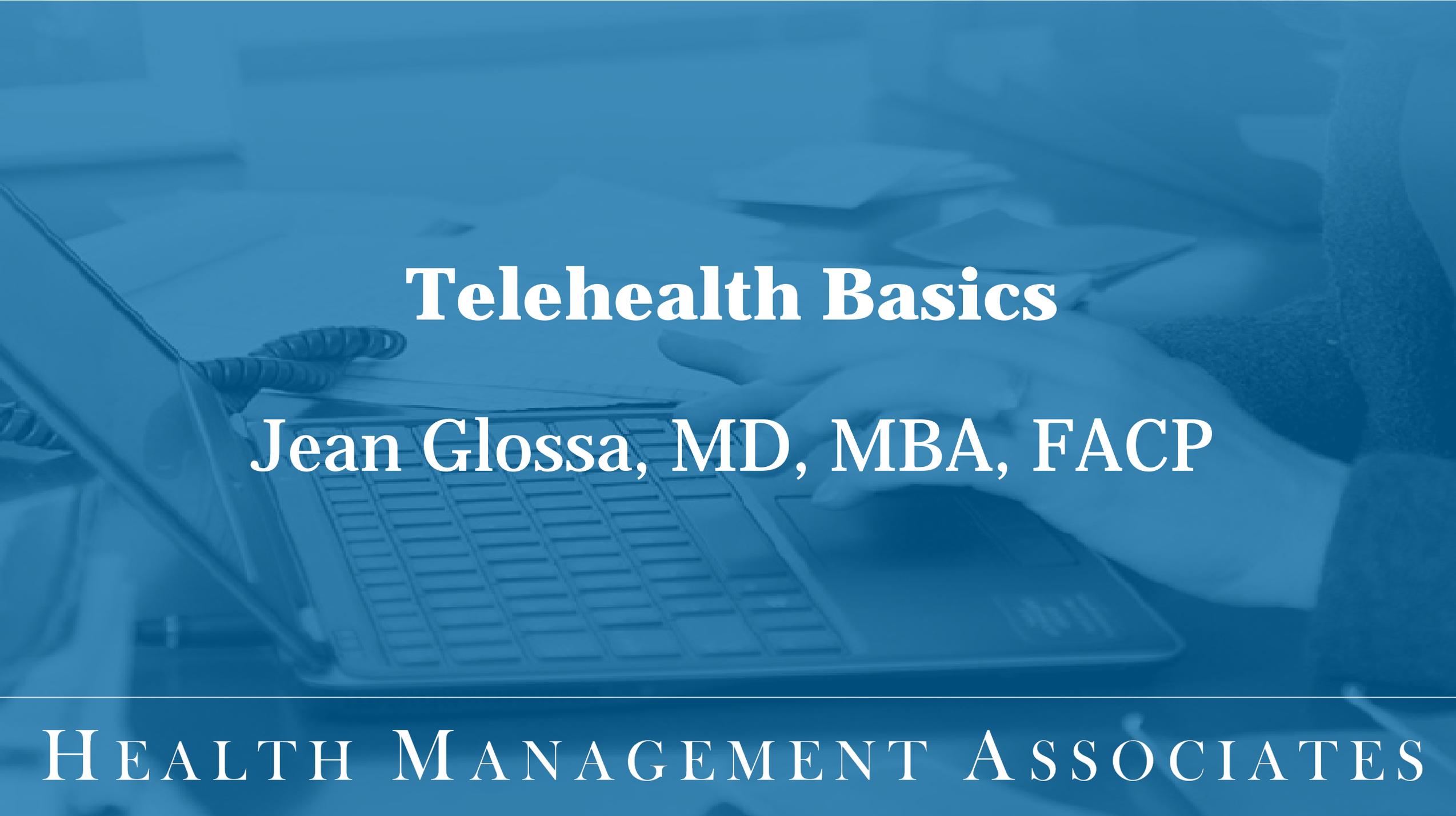
Health Management Associates has successfully tackled a wide variety of public healthcare projects, from developing complete healthcare delivery systems to translating complex data into useful insights. Whether your project has run into a snag in the final stages or hasn't even gotten off the ground, we can provide the expertise and guidance to help you make it a success.

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- + **Healthcare IT Advisory Services**
- + **Investment Services**
- + **Long-Term Services and Supports**
- + **Managed Care**
- + **Opioid Crisis Response**
- + **Pharmacy**
- + **Public Health**

# THIS PRESENTATION WILL COVER:

- + Telehealth Basics
- + CMS Telehealth Expansion
- + Other Federal Changes
- + Idaho Medicaid Telehealth Updates
- + 1135 Waiver Breakdown
- + Funding Opportunities
- + Question & Answer



# **Telehealth Basics**

**Jean Glossa, MD, MBA, FACP**

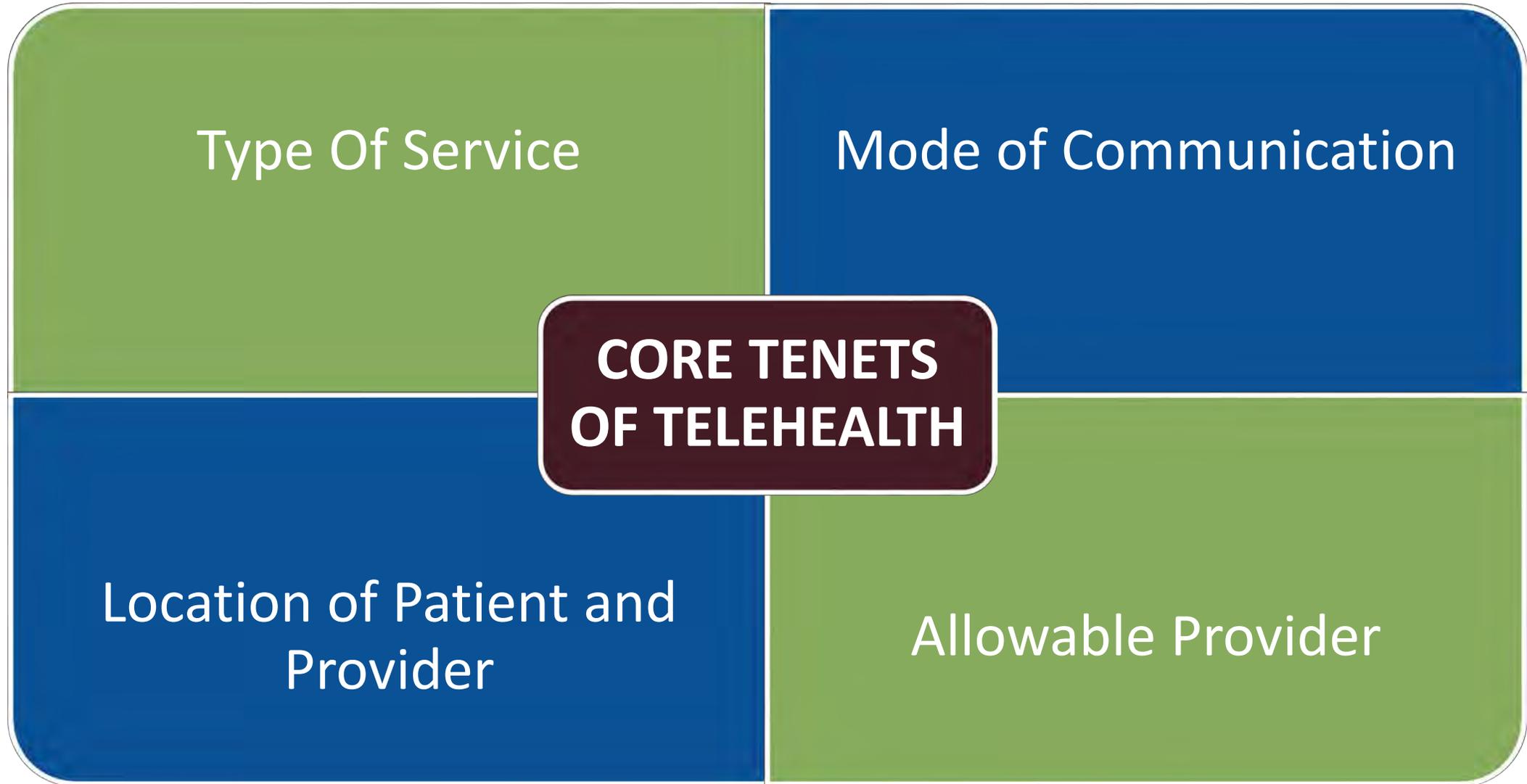
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**HEALTH MANAGEMENT ASSOCIATES**

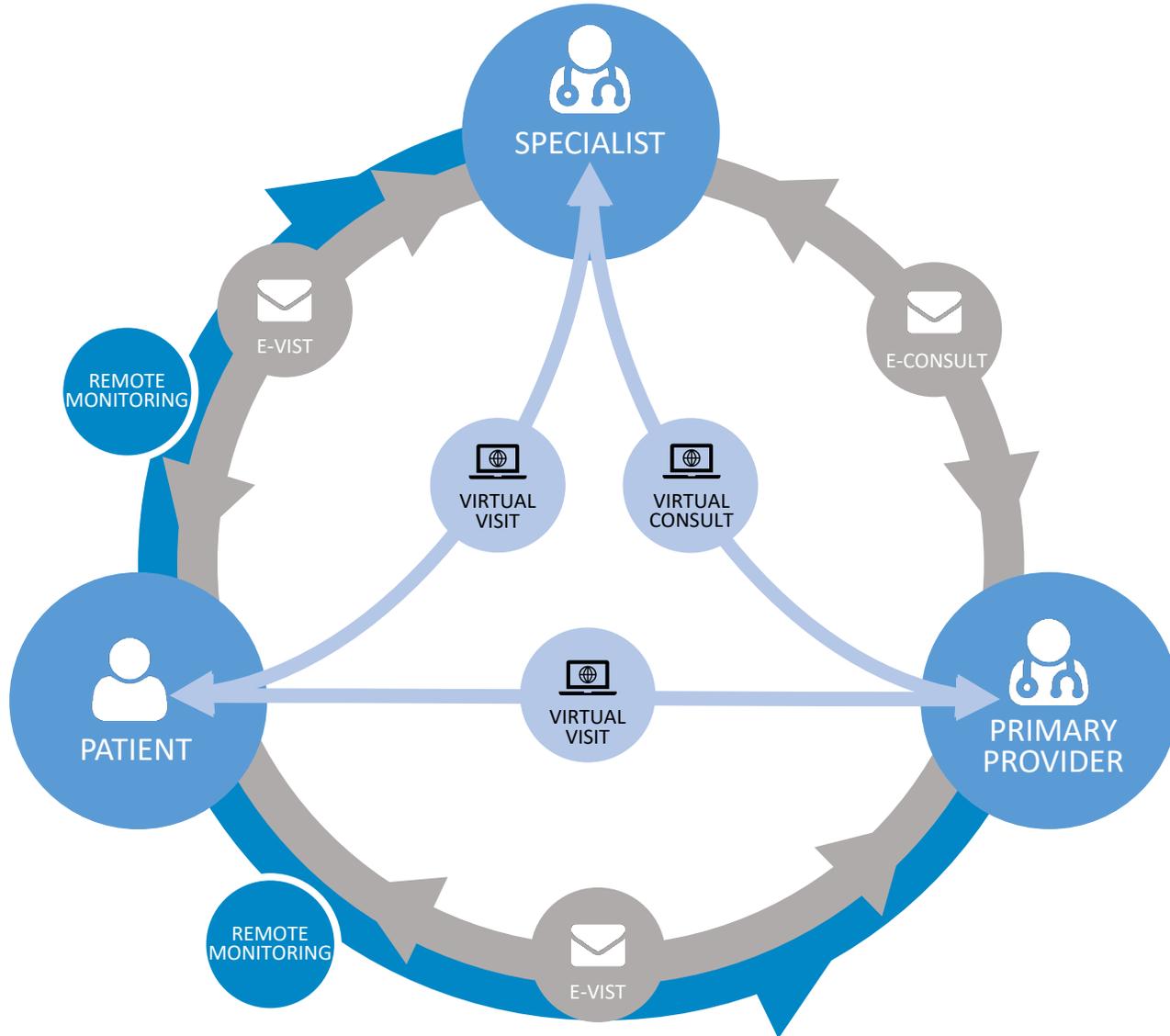
# The new normal?



## TELEHEALTH TENETS



# TELEHEALTH FRAMEWORK



## KEY TERMS:

- + Originating Site: Patient
- + Distant Site: Provider
- + Store and Forward

## UNDERSTANDING SERVICE TYPES:

- + Virtual Health Visit (Provider ↔ Patient)
- + Virtual Check-in (Provider ↔ Patient)
- + E-visit (Provider ↔ Patient)
- + E-Consult (Provider ↔ Provider)
- + Remote physiological monitoring
- + Remote evaluation of prerecorded patient information

## OTHER CONSIDERATIONS:

- + Project ECHO ([echo.unm.edu](http://echo.unm.edu))

# WEBINAR 2:

## Telehealth Fundamentals

Wednesday, May 13, 2020  
1:00 PM MT/12:00 PM PST

- + Selecting Equipment for Clinics and Patients
- + Template for Policy
- + Template for Informed Consent
- + Information for Platforms
- + Documentation Suggestions

A person's hands are shown typing on a laptop keyboard. The image is overlaid with a semi-transparent blue filter. The text is centered over the image.

# **CMS Telehealth Expansion**

**Zach Gaumer, MPP**

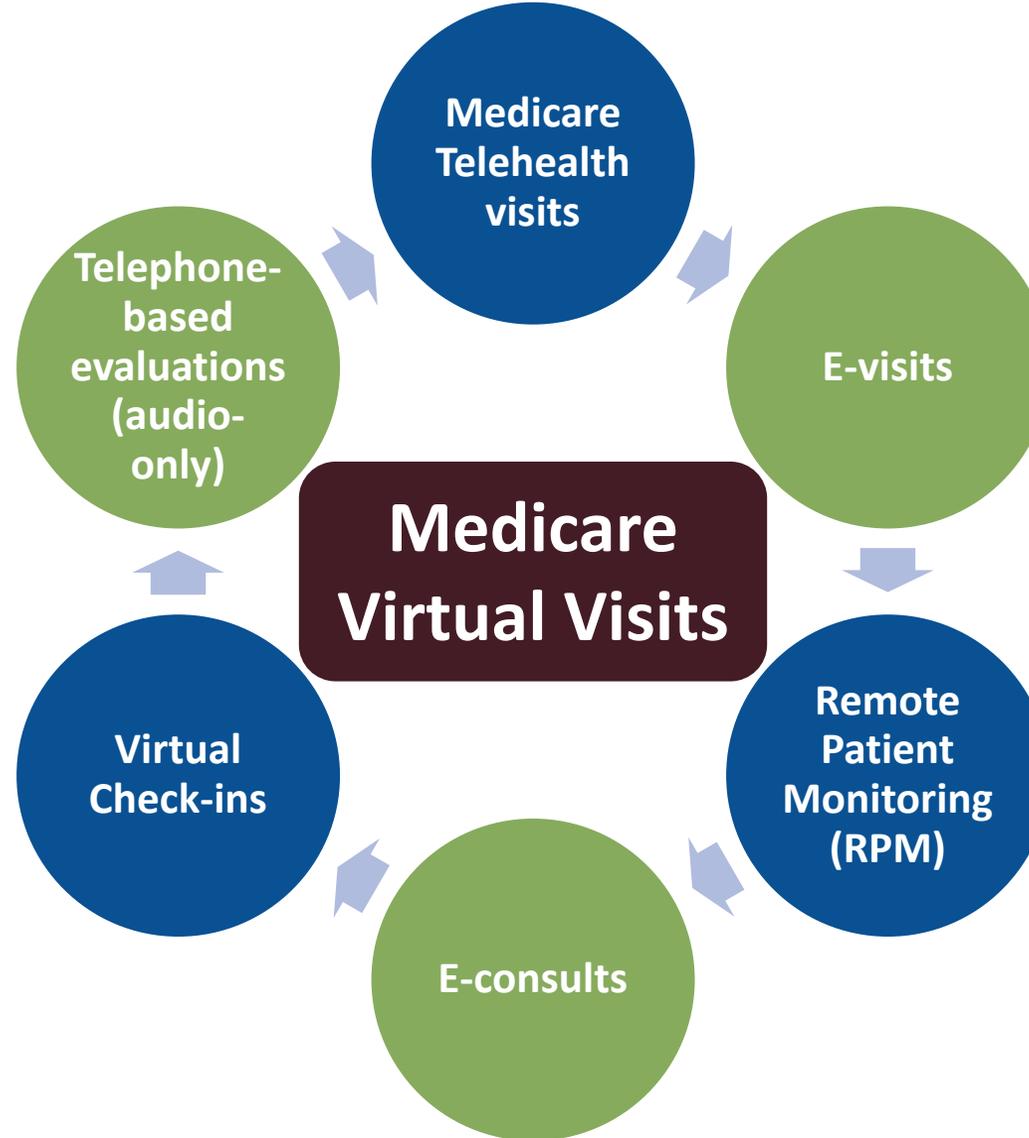
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## ■ MEDICARE TELEHEALTH COVERAGE EXPANSION WILL ASSIST PROVIDERS AND PAYERS

- + Telehealth viewed by policymakers as an ideal treatment method during the COVID-19 emergency
- + Recent regulatory and legislative vehicles in the last month
  - 1) CMS Regulatory changes made March 17<sup>th</sup>
  - 2) Stimulus package: March 27<sup>th</sup>
  - 3) CMS Interim Final Rule published March 31<sup>st</sup>
  - 4) Stimulus package Part 2: April 27<sup>th</sup>
  - 5) CMS “Second Round” changes: April 30<sup>th</sup>
  
- + Broad telehealth coverage expansion
- + Temporary (sunsets with Emergency declaration) and retrospectively (implemented March 1, 2020)
- + CMS encourages the use of and highlights other recently implemented telehealth policies
- + Expansions assist providers new to telehealth and currently using telehealth
- + FQHCs and rural health clinics: Major expansion of coverage

## SIX TYPES OF VIRTUAL VISITS REIMBURSABLE UNDER MEDICARE



# RURAL HEALTH CLINIC AND FQHCS: KEY CHANGES TO MEDICARE PAYMENT

## Key changes for both RHC and FQHCs

- + FQHCs and Rural Health Clinics may serve as distant sites for telehealth visits, new and established patients
- + Virtual check-ins and e-visits permitted for both RHCs and FQHCs: Bill HCPCS code 'G0071', \$25 per visit, new and established patients
- + Audio-only Telephone-based evaluations (PFS codes 99441, 99442, 99443): Can be billed as G2025, \$92 per visit, only established patients
- + Patients and clinicians can be located anywhere (patients at home or clinicians at home)
- + Informed consent can be obtained during the telehealth visit
- + Coinsurance must be waived for all COVID-19 cases, CMS will pay the coinsurance if the provider records "CS" modifier
- + Costs of telehealth not included in calc of rates, but must be reported (FQHC = CMS-222-17 line 79, RHC = CMS-224-14, line 66)
- + Provider-based entities will not be subject to the national per-visit payment limit if their parent hospitals increases their inpatient bed count

## New RHC reimbursement policies for telehealth visits

- + January 27 to June 30: Must bill G2025 with modifier 'CG'
- + July 1 or later: Must bill G2025 with modifier '95'
- + G2025 = \$92

## New FQHC reimbursement policies for telehealth visits

- + January 27 to June 30: Must bill three codes:
  - 1) FQHC specific payment code (G0466, G0467, G0468, G0469, or G0470) without a modifier
  - 2) HCPCS/CPT code that described the service (e.g. 99214) with modifier '95'
  - 3) G2025 with modifier '95'
- + July 1 or later: Bill G2025 with modifier '95'

See CMS guidance for more details (<https://www.cms.gov/files/document/se20016.pdf>)

## ■ MEDICARE TELEHEALTH VISITS: COVERAGE EXPANDED IN SEVERAL WAYS

### Temporarily expansions of Medicare telehealth visits:

- + Originating sites: Urban areas and patients' residences
- + Distant sites: FQHCs and RHCs, hospitals
- + 80 new services added (e.g., ED, physical/ occupational/speech therapy, observation care, ESRD, neuro assessments, home visits)
- + Hospice: Recertification visits and routine home care visits via telehealth
- + Home Health: Home visits via telehealth and COVID-19 patients can qualify as home bound to initiate the benefit
- + Inpatient rehab facilities: Telehealth services may count toward requirement of 3 face-to-face visits
- + Removal of frequency limits on inpatient and nursing follow-up care and critical care consults
- + New patients: Will not audit for “established” patient status
- + Providers permitted to waive patient cost-sharing
- + HIPAA penalties waived
- + CMS web site with all changes to date: <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

**CAUTION: Audio-only telephone calls not yet permitted for this type of Medicare virtual visits**

# MEDICARE TELEHEALTH VISITS EXPANDED, CURRENT COVERAGE DETAILS

Services payable under Medicare	Description	Types of services	Tech.	Originating site	Distant site	Payment and cost-sharing	Effective
Medicare telehealth visits	Physician Fee Schedule (PFS) office visits conducted via telehealth technology for established (and new*) patients. Visits are considered the same as in-person office visits.	<p>171 services codes:</p> <p>Permanent: E&amp;M, psychotherapy, ESRD, diabetes, substance abuse, many others</p> <p>Temporary: ED, home visits, therapy (PT, OT, SP) and others</p> <p>Full CMS list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a></p>	<u>Two-way audio/video</u> (smart-phones, online video-chat).	Rural, urban, patient's residence, hospitals	Physicians, nurse practitioners, physician assistants, nurse midwives, clinical nurse specialists certified registered nurse anesthetists, clinical psychologists, social workers, registered dietitians, nutrition professionals, PT/OT/SP therapists, LCSWs, clinical psychologists, hospital-based clinicians	<p>Standard PFS payment amounts for each covered code, with place of service = '02' and modifier code = '95'</p> <p>FQHC = G2025, \$92</p> <p>Patient out-of-pocket costs = 20% (reduce or waive)</p>	March 1, 2020 through end of the emergency

## Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency

- \*HHS will not audit for "existing relationship" between patient and clinician
- Providers may reduce or waive patient cost-sharing
- HHS will waive penalties for HIPAA violations by health care providers

## TELEPHONE-BASED EVALUATION CODES NEWLY IMPLEMENTED

Services reimbursable under Medicare	Description	Types of services	Tech.	Originating sites	Distant site practitioners	Payment and cost-sharing	Effective
Telephone-based evaluations	Telephone assessment service provided by a qualified clinician to an established or new* patient, parent, or guardian not originating from a related assessment and management service	Evaluation and management services	Telephone (audio-only)	Urban, rural, or from the patient's residence	Physician and other qualified practitioner who can report evaluation and management services, as well as other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.	Payment: (physicians, 99441-99443= \$17-\$54)(nonphysicians, 98966-98968= \$9-\$27) Place of service = '02')  FQHC/RHC = G2025, \$92  Cost-sharing = 20%	March 1, 2020 to end of the Public Health Emergency

\*CMS has relaxed enforcement of the 'established patient' requirement for this service

# USE OF VIRTUAL CHECK-INS ENCOURAGED, EXPANDED TO NEW PATIENTS, CURRENT COVERAGE DETAILS

Services reimbursable under Medicare	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners	Payment and cost-sharing	Effective
Virtual check-ins	Brief (5-10 minute) visits between a practitioner and their existing and <b>new</b> patients. The service must be agreed to by the patient.	A unique service intended to assess a patient's condition, symptoms, or needs, and avoid unnecessary trips to the doctor's office.	Telephone (audio-only or audio/video), two-way real-time audio-video, text, email or patient portal.	Anywhere the patient is located, such as urban or rural locations, the patients' residence, nursing homes, or assisted living facilities	Physician and other qualified practitioner who can report evaluation and management services as well as <b>other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.</b>  <b>FQHCs and rural clinics</b>	Provider payment: \$17 (code = G2012, with place of service = '02')  <b>FQHC = G0071, \$25</b>  Patient out-of-pocket costs = 20% ( <b>reduced or waived</b> )	2019

Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency

- HHS will waive penalties for HIPAA violations by health care providers

## E-VISITS ENCOURAGED, FOR EXISTING PATIENTS ONLY, CURRENT COVERAGE DETAILS

Services reimbursable under Medicare	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners	Payment and cost-sharing	Effective
E-Visits	Non face-to-face patient-initiated communications between established and <b>new</b> patients and a clinician. The service must be patient initiated and covers services occurring over a 7-day period.	A unique evaluation and management service intended to assess a patient's condition, symptoms, or needs, and avoid unnecessary trips to the doctor's office.	Online patient portal	Anywhere the patient is located, such as urban or rural locations, the patients' residence, nursing homes, or assisted living facilities	Physician and other qualified practitioner who can report evaluation and management services, as well as <b>other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.</b>  <b>FQHCs and rural clinics</b>	Provider payment: \$15 - \$50 (code = 99421-99423, G2061-G2063, with place of service = '02')  <b>FQHC = G0071, \$25</b>  Patient out-of-pocket costs = 20% ( <b>reduced or waived</b> )	2020

Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency

- HHS will waive penalties for HIPAA violations by health care providers

# MEDICARE VIRTUAL VISIT RULES: WIDE VARIATION ACROSS SERVICE TYPES REMAINS

Type of Medicare Virtual Visit	Type of services	Originating site	Participants	Technology	Eligible providers
Telehealth visits	171 services	Anywhere	Established and new* patients	Two-way audio-video (smart-phones or other)	Most clinicians, FQHCs, clinics, hospice, home health
Telephone-base evaluations	Patient evaluations			Audio-only telephones	Most clinicians, FQHCs, and clinics
Virtual check-ins	Patient triage			Audio-only telephone, two-way audio-video, email, text, online portal	Most clinicians, FQHCs, and clinics
E-visits	Patient triage			Online portal	Most clinicians, FQHCs, and clinics
E-consults	Any clinical consult		Clinician to clinician	Audio-only telephone, email, or two-way audio-video	Clinicians eligible to bill for E&M services
Remote Patient Monitoring	Monitoring patient vitals		Established patients to clinician	Electronic monitoring	Clinicians eligible to bill for E&M services

\*CMS has relaxed enforcement of the 'established patient' requirement for this service

## ■ CMS ENCOURAGES THE USE OF OTHER TELEHEALTH FLEXIBILITIES

Other types of Virtual Visits we did not describe

- + E-consults: Interprofessional consultations via telephone or email
- + Remote Physiological Monitoring (RPM): Clinicians monitoring patient conditions through electronic devices

Disease groups you may serve have special telehealth rules

- + End-Stage Renal Disease (2019)
- + Stroke care or “telestroke” (2019)
- + Opioid Use Disorder (2020)

# CMS CONTINUES TO EXPAND TELEHEALTH FLEXIBILITY WITHIN THE MEDICARE ADVANTAGE PROGRAM

Program component	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners	Payment and cost-sharing	Effective	Remaining concerns
Medicare Advantage	Plans may include the costs of the telehealth services they cover in the pricing of their basic plan benefits and in their annual bid amounts. MA plan offerings for telehealth may now exceed the scope of Fee-For-Service telehealth coverage	Any	Any	Any	Any	Payments: Negotiated rates  Cost-sharing: variable by plan	2020	1) Telehealth visits conducted by two-way audio-video will meet CMS's "face-to-face" standard for inclusion in the annual Plan-level risk-adjustment rate setting process. It is unclear if this change is temporary.  2) Will CMS require plans to cover all telehealth services expanded under FFS during the emergency?

CMS's 2021 Medicare Advantage Proposed Rule proposes to enhance MA coverage of telehealth services by:

- Allowing plans operating in rural areas to use telehealth services to fulfill some network adequacy standards
- Permitting plans to cover telehealth services through a non-contracted provider as a basic benefit

## ■ TELEHEALTH USE IS ABOUT TO INCREASE SIGNIFICANTLY

### OVERALL:

Recent changes to Medicare telehealth policy will generate significant increases in telehealth use

### The landscape is shifting right now

#### Rapid growth:

- + RHCs and FQHC use of Telephone-based evaluations
- + Primary care practices will use Medicare telehealth visits, e-visits, and check-ins
- + Behavioral health services
- + Urban and at-home use
- + Nursing homes and assisted living use
- + Home Health and hospice visits
- + Therapy visits (PT, OT, SP, clinical psych, social worker)

#### Slower growth:

- + Remote patient monitoring (RPM) of patients in their homes
- + E-consults as physicians gain comfort with the service

#### Providers most likely to increase their use:

- + FQHCs and RHCs
- + Primary care physicians
- + Behavioral health clinicians
- + Therapists (PT, OT, SP, LCSW, psychologists)
- + Health systems

## ■ FUTURE: SOME SERVICES WILL LIKELY REMAIN COVERED AFTER THE EMERGENCY

### OVERALL:

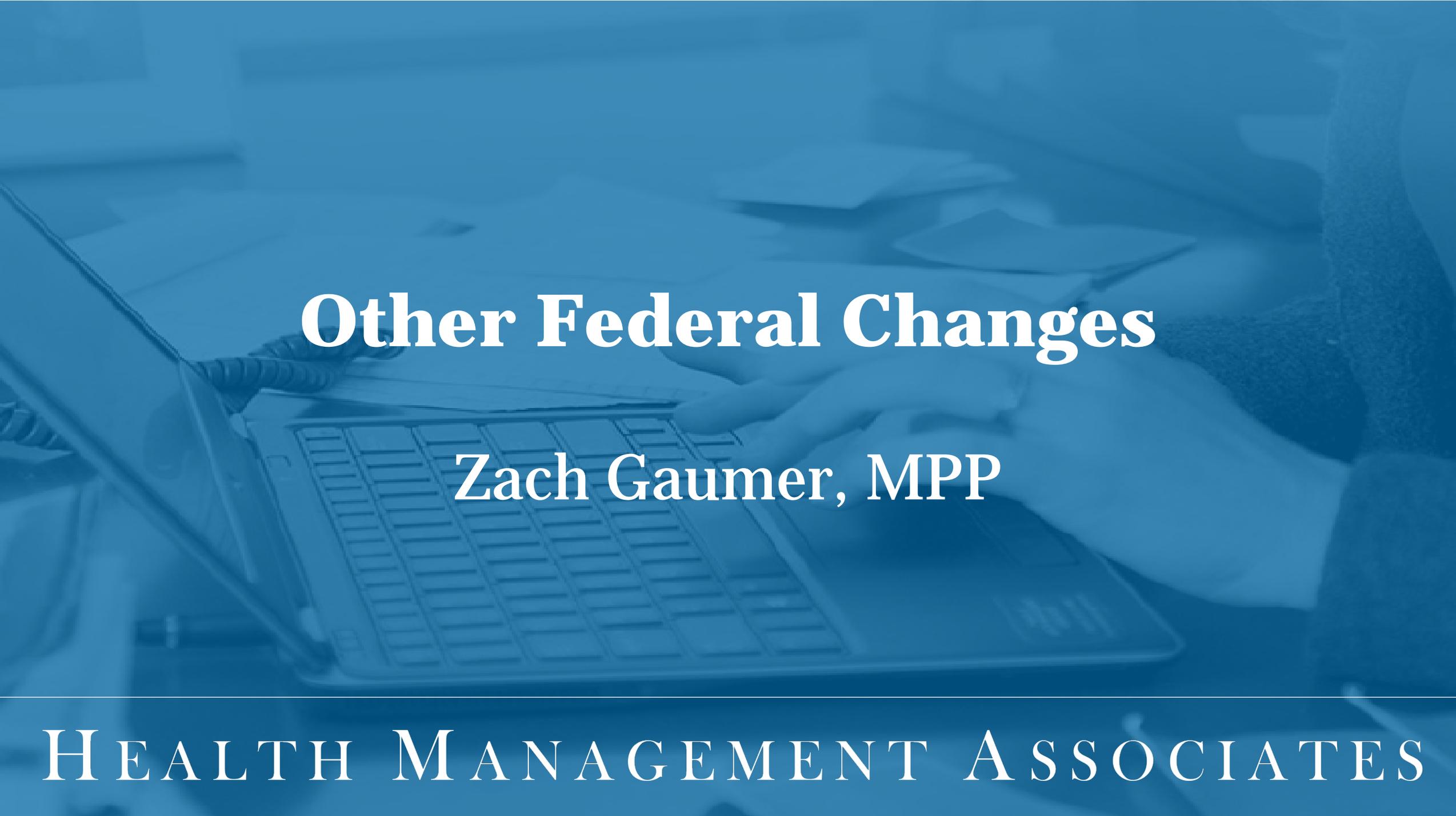
Which of the temporarily expanded telehealth services will Medicare continue to cover after the Public Health emergency?

#### Most likely:

- + Urban and at-home Medicare telehealth visits
- + 'New' patients gaining access
- + FQHCs and RHCs

#### More controversial:

- + Audio-only telephone-based evaluation visits?
- + Home Health and Hospice visits?
- + Therapy visits?
- + ED visits?



# **Other Federal Changes**

**Zach Gaumer, MPP**

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**HEALTH MANAGEMENT ASSOCIATES**

## OTHER KEY FEDERAL UPDATES

### DEA AND CONTROLLED SUBSTANCES:

- + Prescribing controlled substances usually requires an in-person medical evaluation
- + Under the emergency, DEA-registered practitioners can prescribe controlled substances via telehealth if:
  - + Using 2-way audio-video
  - + For a legitimate medical purpose
  - + Otherwise consistent with State and Federal laws

### CARES ACT CHANGES TO 42 CFR PART 2

- + A section of the CARES Act revises the underlying statute driving 42 CFR pt 2
- + HHS has 12 months to promulgate regs
- + Largely brings into alignment with HIPAA
  - + One-time, durable written consent until revoked allowing redisclosure for T/P/O
  - + Penalties and enforcement like HIPAA
  - + Applies privacy protections in legal settings
  - + Enforceable non-discrimination

## ■ FROM CMS ANNOUNCEMENT:

Health Insurance Portability and Accountability Act (HIPAA): Effectively immediately, the HHS Office for Civil Right (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in **good faith** through everyday communications technologies, such as **FaceTime or Skype**, during the COVID-19 nationwide public health emergency.

**IDAHO** APPEARS TO FOLLOW FEDERAL GUIDANCE ON THE USE OF  
NON-HIPAA COMPLIANT TECHNOLOGIES



# **Idaho Medicaid Telehealth Updates**

**Zach Gaumer, MPP**

**HEALTH MANAGEMENT ASSOCIATES**

## IDAHO MEDICAID TELEHEALTH COVERAGE

Action	Telehealth relevance	Source
<b>March 13 – Governor declares emergency (updated March 25, April 2)</b>	<ul style="list-style-type: none"> <li>+ Temporary suspension of requirement for established patient-provider relationship (Section 5705 of the Idaho Telehealth Access Act)</li> </ul>	<a href="https://coronavirus.idaho.gov/wp-content/uploads/sites/127/2020/04/proclamation_additional-rule-waivers_040220.pdf">https://coronavirus.idaho.gov/wp-content/uploads/sites/127/2020/04/proclamation_additional-rule-waivers_040220.pdf</a>
<b>March 17 – IDHW issues telehealth guidance (updated April 7)</b>	<ul style="list-style-type: none"> <li>+ Changes apply to Medicaid FFS, ID Behavioral Health Plan, Idaho Smiles (MCNA), but not Duals Plans</li> <li>+ Services added: telephone-based evaluations (99441-99443) and RPM (99457 and 99458)</li> <li>+ Originating and distant sites can be anywhere (patient’s home and provider’s home)</li> <li>+ Telehealth and face-to-face visit payment parity</li> <li>+ FQHC/RHC/IHC’s billing for Medicaid services not limited to Medicare’s originating/distant site rules</li> <li>+ Do not use place-of-service ‘02’ for Medicaid claims</li> <li>+ Use ‘GT’ as the claim modifier for Medicaid claims</li> </ul>	<a href="https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2007.pdf">https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2007.pdf</a>
<b>March 25 – IDHW issues guidance for therapy providers (updated April 9)</b>	<ul style="list-style-type: none"> <li>+ Evaluations may be provided via telehealth</li> <li>+ Providers and participants can conduct and receive telehealth from anywhere</li> <li>+ Plans of care do not need to specify service was provided via telehealth</li> <li>+ Assistant OTs and PTs may provide services via telehealth</li> <li>+ Billing: Follow all standard coding requirements, place-of-service equals patient’s location</li> </ul>	<a href="https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2014.pdf">https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2014.pdf</a>
<b>March 25 – IDHW issues telehealth HIPAA guidance</b>	<ul style="list-style-type: none"> <li>+ Idaho will not sanction providers for using telehealth technology that would otherwise not be compliant with HIPAA rules</li> <li>+ Idaho Medicaid providers can communicate with participants (COVID-19 positive and COVID-19 negative) using technology as long as the technology is non-public facing.</li> </ul>	<a href="https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2013.PDF">https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2013.PDF</a>

\* IDHW’s complete set of COVID-19 emergency information releases: (<https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx>)

## IDAHO MEDICAID TELEHEALTH COVERAGE

Telehealth criteria	Pre-emergency Coverage	Recent changes
<b>Live video visits</b>		
<b>Technology</b>	Two-way video (not audio-only)	
<b>Services</b>	Primary care, specialty, behavioral health, therapy services, various psychiatric services, pharm mgmt, tobacco cessation: (90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 96150, 96151, 96152, 96153, 96154, 99354, 99355, 99406, 99407, 99495, 99496, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, H2011, H2019)	
<b>Patients</b>	Established relationship with provider	New patients
<b>Store-and-forward</b>	No	
<b>Remote patient Monitoring</b>	No	Two new RPM codes (99457 and 99458)
<b>Email/fax/phone</b>	No	Three telephone-based evaluation codes (99441, 99442, 99443)
<b>Providers</b>	Physicians and non-physicians, psych-NPs, PT/OT/SP	Assistant PTs and OTs
<b>Geographic limits</b>	None (urban and rural)	
<b>Originating/distant sites</b>	Originating sites: Provider offices, rural health clinics, community mental health centers, assisted living facilities	Anywhere
<b>Consent</b>	Required	Acquired during telehealth visits
<b>Licensure</b>	Out-of-state providers must be licensed by the IBM, and Idaho's participation interstate licensure compacts is strong	

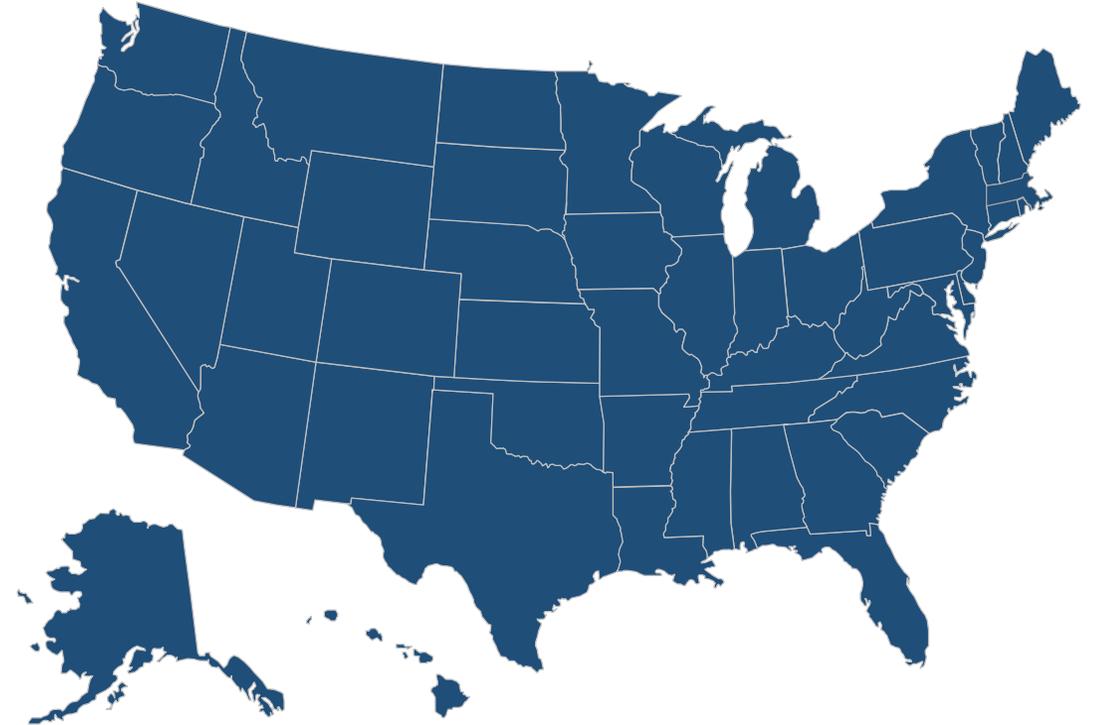
# **1135 Waiver Breakdown**

**Carrie Cochran, MPA**

**HEALTH MANAGEMENT ASSOCIATES**

## ■ 1135 MEDICAID WAIVERS (4/27/2020)

- + 1135 Waivers allow reimbursement during an emergency or disaster even if providers can't comply with certain Federal requirements that would under normal circumstances bar Medicare, Medicaid or CHIP payment.
- + In addition, 1135 Waivers can be implemented retroactively. All currently approved waivers were activated as of March 1, 2020 and will extend through the conclusion of the designated emergency.
- + All 50 states (+DC) have received approval for 1135 waivers





## ■ 1135 MEDICAID WAIVERS

### Examples of Approved Flexibility via 1135 Waivers:

- + Reimburse for otherwise payable claims from out of state providers not otherwise enrolled in Medicaid. Certain conditions apply.
- + Expedited and temporary provider enrollment in Medicaid.
- + Waiver of service prior authorization.
- + Automatic extension of pre-existing prior-authorizations through the end of the public health emergency.
- + Reimbursement for services in non-licensed facilities housing individuals evacuated from licensed facilities.
- + Suspend PASSR Level I and Level II Assessments for 30 days.
- + Suspend State Fair Hearing Requests and Appeal Timelines: >90 days and up to 120 additional days for eligibility determination. Does NOT include adverse benefit determination.
- + Waiver of public notice requirements for state plan amendments that improve access and/or reimbursements.

## ■ IDAHO 1135 WAIVER

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### **Idaho's 1135 Waiver was approved on March 26**

- + Temporarily suspend Medicaid fee-for-service prior authorization requirements.
- + Extend pre-existing prior-authorizations.
- + Suspend PASSR Level I and Level II Assessments for 30 days.
- + Streamlined provider enrollment processes.
- + Deliver services to evacuated individuals in non-licensed facilities.
- + Retroactive to March 1, 2020.

# **Funding Opportunities**

**Carrie Cochran, MPA**

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# OVERVIEW OF CURRENT FEDERAL OPPORTUNITIES



The Coronavirus Preparedness and Response Supplemental Appropriations Act (Public Law 116-123) was signed into law on March 6, 2020



The Families First Coronavirus Response Act (Public Law 116-127) was signed into law on March 18, 2020



The Coronavirus Aid, Relief, and Economic Security Act or “CARES Act” (Public Law 116-136) signed into law on March 27, 2020



Paycheck Program and Health Care Enhancement Act (Public Law 116-139) was signed into law on April 24, 2020



Other existing, expanded, or extended federal funding

## HRSA TELEHEALTH NETWORK GRANT PROGRAM

<b>Purpose</b>	To promote rural Tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and Tele-Emergency Medical Services (Tele-EMS)
<b>Eligible Providers</b>	Public and private non-profit entities, including faith-based and community organizations, as well as federally-recognized Indian tribal governments and organizations
<b>Program Description</b>	<p>To enhance telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists. The overarching goals for the Telehealth Network Grant Program are to:</p> <ul style="list-style-type: none"> <li>+ Expand access to, coordinate, and improve the quality of health care services</li> <li>+ Improve and expand the training of health care providers</li> <li>+ Expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making</li> </ul>
<b>Funding Amount</b>	\$8,700,000 for up to 29 grants; up to \$300,000 per year for 4 years
<b>Availability of Funding</b>	February 11, 2020- June 15, 2020
<b>Limitations and Ongoing Reporting</b>	Each of the recipients will participate in a broad-scale analysis and evaluation of the program coordinated by the Federal Office of Rural Health Policy (FORHP) as well as individual award recipient analysis and evaluation.
<b>Information Needed</b>	Organization must have a DUNS, SAM, and Grants.gov registration
<b>Application Link</b>	<a href="https://www.grants.gov/web/grants/search-grants.html?keywords=HRSA-20-036">https://www.grants.gov/web/grants/search-grants.html?keywords=HRSA-20-036</a>
<b>Program Link</b>	<a href="https://www.hrsa.gov/grants/find-funding/hrsa-20-036">https://www.hrsa.gov/grants/find-funding/hrsa-20-036</a>

## USDA DISTANCE LEARNING AND TELEMEDICINE GRANT PROGRAM

<b>Purpose</b>	The Distance Learning and Telemedicine program helps rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density.
<b>Eligible Providers</b>	State and local governmental entities, federally recognized tribes, nonprofits, and for-profit businesses
<b>Program Description</b>	Grant funds may be used for: Acquisition of eligible capital assets, such as: Broadband transmission facilities, Audio, video and interactive video equipment, Terminal and data terminal equipment, Computer hardware, network components and software, Inside wiring and similar infrastructure that further DLT services; Acquisition of instructional programming that is a capital asset; Acquisition of technical assistance and instruction for using eligible equipment.
<b>Funding Amount</b>	Up to \$25m; Awards can range from \$50,000 to \$1,000,000
<b>Availability of Funding</b>	April 14, 20- July 13, 20
<b>Limitations and Ongoing Reporting</b>	15% match required
<b>Information Needed</b>	Organization must have a DUNS, SAM, and Grants.gov registration
<b>Application Link</b>	<a href="https://www.grants.gov/web/grants/search-grants.html?keywords=RUS-20-02-DLT">https://www.grants.gov/web/grants/search-grants.html?keywords=RUS-20-02-DLT</a>
<b>Program Link</b>	<a href="https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants">https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants</a>

## FCC COVID-19 TELEHEALTH PROGRAM

<b>Purpose</b>	Provides immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services.
<b>Eligible Providers</b>	Nonprofit and public eligible health care providers
<b>Program Description</b>	To help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel COVID-19 pandemic.
<b>Funding Amount</b>	Applicants will not receive more than \$1 million
<b>Availability of Funding</b>	Available until the program's funds \$180m have been expended or the COVID-19 pandemic has ended; Applications from healthcare providers will be accepted and processed on a rolling basis
<b>Limitations and Ongoing Reporting</b>	Applicant information includes: Applicant FCC Registration Number (FRN); Applicant National Provider Identifier (NPI); Federal Employer Identification Number (EIN/Tax ID)
<b>Information Needed</b>	Must obtain an eligibility determination from the Universal Service Administrative Company (USAC); obtain FCC Registration Number (FRN); SAM registration
<b>Application Link</b>	<a href="https://www.fcc.gov/covid-19-telehealth-program">https://www.fcc.gov/covid-19-telehealth-program</a>
<b>Program Link</b>	<a href="https://www.fcc.gov/covid-19-telehealth-program">https://www.fcc.gov/covid-19-telehealth-program</a>

## HHS HEALTH CARE PROVIDER FUND

<b>Purpose</b>	To support hospitals and other health care providers with costs incurred by COVID-19 and lost revenue. Trump Administration has stated that it intends to use a portion of the fund to cover the costs of uninsured COVID-19 patients.
<b>Eligible providers</b>	Public entities, Medicare- or Medicaid enrolled suppliers and providers, and other for-profit and non-profit entities as specified by HHS Secretary.
<b>Program Description</b>	To provide grants to cover unreimbursed health care related expenses or lost revenues attributable to the public health emergency. To reimburse eligible health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19.
<b>Funding Amount</b>	Total: \$175 billion General Distribution: \$50 billion; \$30 billion paid 4/10-4/17; \$20 billion starting 4/24; COVID-19 High Impact Areas: \$10 billion to hospitals particularly impacted to be applied for by 4/25 Treatment of Uninsured: A portion of the \$100 billion Provider Relief Fund will be used to reimburse healthcare providers, at Medicare rates, for COVID-related treatment of the uninsured. Provider can register by 4/27 and begin submitting claims in early May 2020. Rural Providers: \$10 billion for rural health clinics and hospitals distributed basis of operating expense as early as week of 4/27 Indian Health Service: \$400 million for HIS facilities distributed basis of operating expense as early as week of 4/27
<b>Program Link</b>	<a href="https://www.hhs.gov/provider-relief/index.html">https://www.hhs.gov/provider-relief/index.html</a>

# SBA PAYCHECK PROTECTION PROGRAM LOAN AND SMALL BUSINESS LOAN FORGIVENESS

<b>Purpose</b>	To support small businesses, including small health care providers, weather the economic and operational impact of COVID-19 and COVID-19 related slowdowns
<b>Eligible providers</b>	Small businesses (500 or fewer employees) in operation since 1/31/2020, including: small business concerns, private and public nonprofit organizations, veterans organizations, sole proprietors and independent contractors, and agricultural enterprises.
<b>Program Description</b>	Program is designed to provide a direct incentive for small businesses to keep their workers on the payroll. Loans will have a maturity of 2 years and an interest rate of 1%. Loan payments deferred for on year (Interest will accrue on loan during deferment period). No collateral, personal guarantees or loan fees. Loans can be used for: Salaries, wages, commissions, tips, and payroll support, e.g. sick leave, employee benefits; Rent & utilities; Insurance premiums; Debt obligations e.g. mortgage payments
<b>Funding Amount</b>	Total Available: \$659 billion; Applicants can receive up to 250% of monthly payroll up to \$10 million
<b>Availability of funding</b>	Covered period: February 15, 2020- June 30, 2020
<b>Application or Automatic</b>	Application submitted to a qualified, participating lender
<b>Application Process</b>	Not competitive process, but funding is limited
<b>Application Link</b>	<a href="https://www.sba.gov/document/sba-form--paycheck-protection-program-borrower-application-form">https://www.sba.gov/document/sba-form--paycheck-protection-program-borrower-application-form</a>
<b>Program Link</b>	<a href="https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp">https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp</a>

## SBA ECONOMIC INJURY DISASTER LOANS

<b>Purpose</b>	Provides vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing as a result of the COVID-19 pandemic
<b>Eligible providers</b>	Small businesses (500 or fewer employees) in operation since 1/31/2020, including: small business concerns, private and public nonprofit organizations, veterans organizations, sole proprietors and independent contractors, and agricultural enterprises.
<b>Program Description</b>	This advance will provide economic relief to businesses that are currently experiencing a temporary loss of revenue. Funds will be made available within three days of a successful application. This loan advance will not have to be repaid.
<b>Funding Amount</b>	Up to \$2 million
<b>Availability of funding</b>	Available April 20, 2020 Covered period: January 31, 2020 to December 31, 2020
<b>Application or Automatic</b>	Application submitted to SBA
<b>Limitations &amp; Ongoing Reporting Requirements</b>	Having an Economic Injury Disaster loan in process
<b>Application Process</b>	Not competitive process, but funding is limited
<b>Application Link</b>	<a href="https://disasterloan.sba.gov/ela/">https://disasterloan.sba.gov/ela/</a>
<b>Program Link</b>	<a href="https://www.sba.gov/disaster-assistance/coronavirus-covid-19">https://www.sba.gov/disaster-assistance/coronavirus-covid-19</a>

## SBA ECONOMIC INJURY DISASTER LOANS

<b>Purpose</b>	Provides vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing as a result of the COVID-19 pandemic
<b>Eligible providers</b>	Small businesses (500 or fewer employees) in operation since 1/31/2020, including: small business concerns, private and public nonprofit organizations, veterans organizations, sole proprietors and independent contractors, and agricultural enterprises.
<b>Program Description</b>	This advance will provide economic relief to businesses that are currently experiencing a temporary loss of revenue. Funds will be made available within three days of a successful application. This loan advance will not have to be repaid.
<b>Funding Amount</b>	Advance of up to \$10,000
<b>Availability of funding</b>	Available April 20, 2020 Covered period: January 31, 2020 to December 31, 2020
<b>Application or Automatic</b>	Application submitted to SBA
<b>Limitations and Ongoing Reporting Requirements</b>	Having an Economic Injury Disaster loan in process
<b>Application Process</b>	Not competitive process, but funding is limited
<b>Application Link</b>	<a href="https://disasterloan.sba.gov/ela/">https://disasterloan.sba.gov/ela/</a>
<b>Program Link</b>	<a href="https://www.sba.gov/disaster-assistance/coronavirus-covid-19">https://www.sba.gov/disaster-assistance/coronavirus-covid-19</a>

# WEBINAR 2:

## Telehealth Fundamentals

Wednesday, May 13, 2020  
1:00 PM MT/12:00 PM PST

- + Selecting Equipment for Clinics and Patients
- + Template for Policy
- + Template for Informed Consent
- + Information for Platforms
- + Documentation Suggestions

## ■ QUESTIONS?



**JEAN GLOSSA, MD, MBA, FACP**  
*Managing Principal  
for Clinical Services*  
Washington, DC

[jglossa@healthmanagement.com](mailto:jglossa@healthmanagement.com)



**CARRIE COCHRAN, MPA**  
*Principal*  
Washington, DC

[ccochran@healthmanagement.com](mailto:ccochran@healthmanagement.com)



**ZACH GAUMER**  
*Senior Consultant*  
Washington, DC

[zgaumer@healthmanagement.com](mailto:zgaumer@healthmanagement.com)