TOPICS

1. COVID-19 Overview and Reimbursement Update
2. Telework & Billing Office Best Practices
3. HIPAA: Providers Can Disclose COVID-19 Status under HIPAA to Ambulances
4. Medicaid Waivers
5. WFH Policy & Procedure
6. Reimbursement Best Practices
8. Current Telehealth Waiver & Congressional Expansion
9. FEMA Assistance
10. Q&A
COVID-19 Overview & Reimbursement

• National Emergency: January 31, 2020
  • President invokes Stafford Act
  • Secretary Azar signs 1135 Waiver

• 1135 Waiver
  • May temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements
  • To ensure that sufficient health care items and services are available to meet the needs of individuals
  • In the emergency area during time periods so that providers who provide such services in good faith can be reimbursed and exempted from sanctions

• Current waiver authority expires 90 days after declaration, unless extended
Examples of Requirements that Can Be Waived

• Conditions of participation or other certification requirements
• Program participation and similar requirements
• Preapproval requirements
• Requirements that health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State that is valid
• EMTALA sanctions for redirection of an individual to receive a medical screening examination in an alternative location pursuant to a state emergency preparedness plan
• Stark self-referral sanctions
• Performance deadlines and timetables may be adjusted
• Limitations on payment to permit Medicare enrollees to use out of network providers in an emergency situation
TELEWORK BEST PRACTICES

5 Best Practices
1. Work From Home (WFH) Policy & Procedure*
2. Performance Expectations
3. Specific WFH PHI Policy
4. Equipment List
5. WFH Agreement
WFH POLICY & PROCEDURE

• Address the corporate & employee responsibilities
• Scope of the policy
• Procedure(s)
  • If employee has IT issues, what do they do?
  • Printing
  • Transporting of PHI
  • Phone and recordings
  • Storing information via external devices
• Specific Disciplinary Process
HIPAA: Providers Can Disclose COVID-19 Status under HIPAA to Ambulances

- Disclosure of PHI pursuant to treatment (45 C.F.R. § 164.506(c)(2))
- Disclosures required by law (45 C.F.R. § 164.512(a))
- Disclosure to public health authorities (45 C.F.R. §§ 164.512(b)(1) & 164.501 definition of public health authority)
- Disclosures when risk of infection to a person (45 C.F.R. § 512(b)(1)(iv)).
- Disclosures to prevent or lessen a serious and imminent threat to the health and safety of a person or the public (45 C.F.R. § 164.512(j)(1))
- Disclosure to a correctional institution or law enforcement having lawful custody of an inmate or other individual under certain circumstances (45 C.F.R. § 164.512(k)(5))

Must provide the minimum amount of information necessary to accomplish the purpose
Medicaid Waivers

• Appendix K provides states with opportunities to:
  • Temporarily increase individual eligibility cost limits
  • Modify service, scope, or coverage requirements
  • Exceed service limitations
  • Add services to the waiver
  • Provide services in out-of-state settings
  • Permit payment for services rendered by family caregivers or legally responsible individuals

• Alabama
• Arizona
• California
• Florida
• Illinois
• Louisiana
• Mississippi
• New Hampshire
• New Jersey
• New Mexico
• North Carolina
• Virginia
• Washington
REIMBURSEMENT BEST PRACTICES FOR COVID-19

1. Document, document, document!
2. Identify ALL COVID-19 related transports.
3. Create a very specific process related to these claims.
   a. Denials management process
   b. Self pay management
   c. Collection process
   d. Medical documentation
4. Review Chargemaster
REIMBURSEMENT BEST PRACTICES FOR COVID-19

1. Reporting
   a. Operational
   b. Accounting
   c. Payroll
      a. Sick leave
      b. Overtime
      c. Training
      d. Stipends
   d. Supply Chain Management
   e. Fleet Maintenance
   f. Workforce Development & Retention
BILLING GUIDELINES FOR COVID-19

New ICD-10 Code, effective 4/1/2020¹
U07.1 Acute 2019-nCoV acute respiratory disease

New ICD-10 Code, effective 3/1/2020
Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out

New ICD-10 Code, effective 3/1/2020
Z20.828 Contact with and (suspected) exposure to other viral communicable diseases

ALTERNATIVE DESTINATION BILLING

Coverage

• Allows payment for transport of a beneficiary to an alternative site (such as primary care office, urgent care center, COVID-19 testing site, mental health)

• Medical necessity applies
  • Guidance requested for COVID-19 transports

• Emergency

• Transfers
ALTERNATIVE DESTINATION BILLING¹

Billing Guidelines

• BLS Emergency (A0429)
• ALS Emergency (A0427)
• BLS Non Emergency (A0428)*
• ALS Non Emergency (A0426)*
• Mileage (A0425)

Suggested Modifiers (Destination Modifiers)

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<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>C:</td>
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<tr>
<td>F:</td>
<td>Federally Qualified Health Center</td>
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<tr>
<td>O:</td>
<td>Physician Office</td>
</tr>
<tr>
<td>U:</td>
<td>Urgent Care Centers</td>
</tr>
<tr>
<td>I:</td>
<td>Incident Location (COVID-19 Testing Site)*</td>
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¹Requested from CMS in the form of a waiver for COVID-19 Response for Medicare coverage
TREATMENT IN PLACE (TIP)

Coverage

• Allows payment for treatment in place of a beneficiary by an ambulance service provider or supplier.

• Requires initiation of telehealth services or in-person by a qualified healthcare practitioner

• Medical necessity applies
T.I.P. BILLING PROCEDURE

Billing Guidelines

• Facilitation fee for ambulance response
  • ALS-1 Emergency (A0427)
  • BLS Emergency (A0429)
  • No Mileage allowed

• Use of W-modifier

<table>
<thead>
<tr>
<th>Response</th>
<th>Billing</th>
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<tbody>
<tr>
<td>ALS-1 Emergency to residence</td>
<td>A0427 RW</td>
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<tr>
<td>BLS Emergency to a grocery store</td>
<td>A0429 SW</td>
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Current Telehealth Waiver & Congressional Expansion

• The Coronavirus Preparedness and Response Supplemental Appropriations Act (March 6, 2020)
  • Allows CMS to waive limitations on where Medicare patients are eligible for telehealth during the emergency
  • Allows the Secretary to authorize use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services during the COVID-19 PHE
  • 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
  • Medicare telehealth services are generally billed as if the service had been furnished in-person; services are described by HCPCS codes and paid under the Physician Fee Schedule
  • Billing for Medicare telehealth services is limited to professionals
Current Telehealth Waiver & Congressional Expansion

• The CARES Act (March 25, 2020)
  • Allows CMS to waive all statutory requirements for telehealth services
  • Expands to all Medicare providers and suppliers, if CMS waives

• Effect on ambulance organizations
  • CMS has not waived requirement that ambulance organizations transport
  • Open question whether ambulance vehicles could be deemed an originating site under new law

• AAA will work with HHS to try to expand opportunities to obtain payment for ambulance organizations providing telehealth services
FEMA Category B, Emergency Protective Measures Public Assistance Program

• FEMA will reimburse eligible applicants reasonable costs associated with eligible work, such as evacuation and rescue operations, during federally declared major disasters and emergencies

• Eligible applicants may include State, local, and tribal governments and private nonprofit organizations or institutions which provide ambulance service
  • Private for-profit ambulance providers are not eligible for direct reimbursement, but the State, local or tribal government that contracted with the private ambulance providers may submit a claim for reimbursement to FEMA
FEMA Category B, Emergency Protective Measures Public Assistance Program

• Costs of activating ambulance contracts and staging of ambulances
• Reasonable costs incurred in advance for transporting disaster victims to a hospital or other medical facility
• Reasonable costs for transporting a congregate shelter evacuee/shelteree to the nearest hospital equipped to adequately treat the medical emergency
• Costs for distributing immunizations, staffing shelters and emergency departments, setting up mobile medical units, and responding to hazards
• Costs to staff congregate shelters with medical practitioners to provide assistance to evacuees.
• Costs of ambulances used in support of shelter operations or onsite at shelter locations
• Costs for symptom surveillance, reporting, transporting and redistributing patients to make necessary hospital bed space available
• Equipment costs incurred by the ambulance provider
• Costs for using applicant-owned equipment while conducting eligible work
FEMA Category B, Emergency Protective Measures Public Assistance Program

- Eligible costs will be limited to a period of up to 30 days from the date of the emergency or major disaster declaration.
- The ambulance transportation service provided should be customary and appropriate for the work required.
- An eligible applicant may not seek reimbursement from FEMA for any ambulance service costs that are covered by private insurance, Medicare, Medicaid or a pre-existing private payment agreement.
- Eligible labor costs include, but are not limited to, the following:
  - Overtime pay for regular full-time employees performing eligible work.
  - Regular time and overtime pay for extra hires specifically hired to provide additional support as a result of the emergency or declared disaster.
  - If volunteer EMTs perform eligible work essential to meeting immediate threats to life and property resulting from a major disaster or emergency, FEMA will credit the donated labor.
THANK YOU

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