COVID-19 – HEALTH CARE PROVIDERS

Appendix

Step-by-Step Guide on How to Apply for Advanced Payments

1. **Complete and submit a request form**: Accelerated/Advance Payment Request forms vary by contractor and can be found on each individual MAC's website. Complete an Accelerated/Advance Payment Request form and submit it to your servicing MAC via mail or email. CMS has established COVID-19 hotlines at each MAC that are operational Monday – Friday to assist you with accelerated payment requests. You can contact the MAC that services your geographic area. To locate your designated MAC, refer to https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List
   - CGS Administrators, LLC (CGS) - Jurisdiction 15
     (KY, OH, and home health and hospice claims for the following states: DE, DC, CO, IA, KS, MD, MO, MT, NE, ND, PA, SD, UT, VA, WV, and WY)
     - The toll-free Hotline Telephone Number: 1-855-769-9920
     - Hours of Operation: 7:00 am – 4:00 pm CT
     - The toll-free Hotline Telephone Number for Home Health and Hospice Claims: 1-877-299-4500
     - Hours of Operation: 8:00 am – 4:30 pm CT for main customer service and 7:00 am – 4:00 pm CT for the Electronic Data Interchange (EDI) Department
   - CGS Administrators, LLC – DME B & C
     (AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, SC, TN, TX, VA, WI, WV, PR, US VI)
     - The toll-free Hotline Telephone Numbers: B: 866-590-6727; C: 866-270-4909
     - Hours of Operation: 7:00 am – 4:00 pm CT
2. **What to include in the request form**: Incomplete forms cannot be reviewed or processed, so it is vital that all required information is included with the initial submission. The provider/supplier must complete the entire form, including the following:
   a. Provider/supplier identification information:
      i. Legal Business Name/ Legal Name;
      ii. Correspondence Address;
      iii. National Provider Identifier (NPI);
      iv. Other information as required by the MAC.
   b. Amount requested based on your need:
      i. Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period. However, inpatient acute care hospitals, children's hospitals, and certain cancer hospitals are able to request up to 100% of the Medicare payment amount for a six-month period. Critical access hospitals (CAH) can now request up to 125% of their payment amount for a six-month period.
   c. Reason for request:
      i. Please check box 2 ("Delay in provider/supplier billing process of an isolated temporary nature beyond the provider's/supplier's normal billing cycle and not attributable to other third party payers or private patients."); and

   ii. State that the request is for an accelerated/advance payment due to the COVID-19 pandemic.
3. **Who must sign the request form?** The form must be signed by an authorized representative of the provider/supplier.
4. **How to submit the request form**: While electronic submission will significantly reduce the processing time, requests can be submitted to the appropriate MAC by fax, email, or mail. You can also contact the MAC provider/supplier helplines listed above.
5. **What review does the MAC perform?** Requests for accelerated/advance payments will be reviewed by the provider or supplier's servicing MAC. The MAC will perform a validation of the following eligibility criteria:
   a. Has billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's or supplier's request form,
   b. Is not in bankruptcy,
   c. Is not under active medical review or program integrity investigation,
   d. Does not have any outstanding delinquent Medicare overpayments.
6. **When should you expect payment?** The MAC will notify the provider/supplier as to whether the request is approved or denied via email or mail (based on the provider's/supplier's preference). If the request is approved, the payment will be issued by the MAC within 7 calendar days from the request.
7. **When will the provider/supplier be required to begin repayment of the accelerated/ advanced payments?** Accelerated/advance payments will be recovered from the receiving provider or supplier by one of two methods:
   a. For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment will be included in the reconciliation and settlement of the final cost report.
   b. All other providers and suppliers will begin repayment of the accelerated/advance payment 120 calendar days after payment is issued.
8. **Do provider/suppliers have any appeal rights?** Providers/suppliers do not have administrative appeal rights related to these payments. However, administrative appeal rights would apply to the extent CMS issued overpayment determinations to recover any unpaid balances on accelerated or advance payments.

Increased Hospital Capacity

- CMS will allow communities to take advantage of local ambulatory surgery centers that have canceled elective surgeries, per federal recommendations. Surgery centers can contract with local healthcare systems to provide hospital services, or they can enroll and bill as hospitals during the emergency declaration if they are not inconsistent with their State's Emergency Preparedness or Pandemic Plan. The new flexibilities will also leverage these types of sites to decant services typically provided by hospitals such as cancer procedures, trauma surgeries and other essential surgeries.
- CMS will now temporarily permit non-hospital buildings and spaces to be used for patient care and quarantine sites, provided that the location is approved by the State and ensures the safety and comfort of patients and staff. This will expand the capacity of communities to develop a system of care that safely treats patients without COVID-19, and isolate and treat patients with COVID-19.
- CMS will also allow hospitals, laboratories, and other entities to perform tests for COVID-19 on people at home and in other community-based settings outside of the hospital. This will both increase access to testing and reduce risks of exposure. The new guidance allows healthcare

systems, hospitals, and communities to set up testing sites exclusively for the purpose of identifying COVID-19-positive patients in a safe environment.

- In addition, CMS will allow hospital emergency departments to test and screen patients for COVID-19 at drive-through and off-campus test sites.
- During the public health emergency, ambulances can transport patients to a wider range of locations when other transportation is not medically appropriate. These destinations include community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers, and any locations furnishing dialysis services when an ESRD facility is not available.
- Physician-owned hospitals can temporarily increase the number of their licensed beds, operating rooms, and procedure rooms. For example, a physician-owned hospital may temporarily convert observation beds to inpatient beds to accommodate patient surge during the public health emergency.
- Hospitals can bill for services provided outside their walls. Emergency departments of hospitals can use telehealth services to quickly assess patients to determine the most appropriate site of care, freeing emergency space for those that need it most. New rules ensure that patients can be screened at alternate treatment and testing sites which are not subject to the Emergency Medical Labor and Treatment Act (EMTALA) as long as the national emergency remains in force. This will allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19.

Expansion of the Healthcare Workforce

- Local private practice clinicians and their trained staff may be available for temporary employment since nonessential medical and surgical services are postponed during the public health emergency. CMS's temporary requirements allow hospitals and healthcare systems to increase their workforce capacity by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community as well as those licensed from other states without violating Medicare rules.
- These healthcare workers can then perform the functions they are qualified and licensed for, while awaiting completion of federal paperwork requirements.
- CMS is issuing waivers so that hospitals can use other practitioners, such as physician assistants and nurse practitioners, to the fullest extent possible, in accordance with a state's emergency preparedness or pandemic plan. These clinicians can perform services such as order tests and medications that may have previously required a physician's order where this is permitted under state law.
- CMS is waiving the requirements that a certified registered nurse anesthetist (CRNA) is under the supervision of a physician. This will allow CRNAs to function to the fullest extent allowed by the state, and free up physicians from the supervisory requirement and expand the capacity of both CRNAs and physicians.
- CMS also is issuing a blanket waiver to allow hospitals to provide benefits and support to their medical staffs, such as multiple daily meals, laundry service for personal clothing, or child care services while the physicians and other staff are at the hospital and engaging in activities that benefit the hospital and its patients.
- CMS will also allow healthcare providers (clinicians, hospitals and other institutional providers, and suppliers) to enroll in Medicare temporarily to provide care during the public health emergency.

Paperwork Requirements

- CMS is temporarily eliminating paperwork requirements and allowing clinicians to spend more time with patients. Medicare will now cover respiratory-related devices and equipment for any medical reason determined by clinicians so that patients can get the care they need; previously Medicare only covered them under certain circumstances.
- During the public health emergency, hospitals will not be required to have written policies on processes and visitation of patients who are in COVID-19 isolation. Hospitals will also have more time to provide patients a copy of their medical record.
- CMS is providing temporary relief from many audit and reporting requirements so that providers, healthcare facilities, Medicare Advantage health plans, Medicare Part D prescription drug plans, and states can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.
    - This is being done by extending reporting deadlines and suspending documentation requests which would take time away from patient care.

Telehealth in Medicare

- Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. Providers also can evaluate beneficiaries who have audio phones only.
- These temporary changes will ensure that patients have access to physicians and other providers while remaining safely at home.
- Providers can bill for telehealth visits at the same rate as in-person visits. Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that can provide telehealth. New as well as established patients now may stay at home and have a telehealth visit with their provider.
- CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health.
- CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and can be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.
- In addition, CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence

For more information on the COVID-19 waivers and guidance, and the Interim Final Rule, please go to the CMS COVID-19 flexibilities webpage: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

Grants for Mental Health and Substance Abuse
SAMHSA Treatment, Recovery, and Workforce Support Grant
Funding Opportunity Announcement (FOA) Information

Updated April 7, 2020

FOA Number:
TI-20-013
Posted on Grants.gov:
Tuesday, March 31, 2020
Application Due Date:
Monday, June 1, 2020
Catalog of Federal Domestic Assistance (CFDA) Number:
93.243
Intergovernmental Review (E.O. 12372):
Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination:
Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, is accepting applications for fiscal year (FY) 2020 Treatment, Recovery, and Workforce Support grants (Short Title: Workforce Support). The purpose of this program is to implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. To achieve this objective, recipients must coordinate, as applicable, with Indian tribes or tribal organizations, state and local workforce development boards (see definitions), lead state agencies responsible for a workforce investment activity (see definitions), and state agencies responsible for carrying out substance use disorder prevention and treatment programs.

Eligibility
Entities that provide treatment or recovery services for individuals with substance use disorders and partner with one or more local or state stakeholders, which may include local employers, community organizations, the local workforce development board, local and state governments, and Indian tribes or tribal organizations, to support recovery, independent living, and participation in the workforce.
Award Information

Funding Mechanism:
Grant

Anticipated Total Available Funding:
$4,000,000

Anticipated Number of Awards:
8 Awards

Anticipated Award Amount:
$500,000

Length of Project:
Up to 5 years

Updated April 7, 2020

Cost Sharing/Match Required:
No
Proposed budgets cannot exceed $500,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Contact Information
Program Issues
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Emergency Grants to Address Mental and Substance Use Disorders During COVID-19
Funding Opportunity Announcement (FOA) Information

FOA Number:
FG-20-006
Posted on Grants.gov:
Wednesday, April 1, 2020

Application Due Date:
Friday, April 10, 2020
Catalog of Federal Domestic Assistance (CFDA) Number: 93.665

Description
The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2020 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 (Short Title: Emergency COVID-19). SAMHSA recognizes there are currently 57.8 million Americans living with mental and/or substance use disorders (National Survey on Drug Use and Health, 2018). The current national crisis of COVID-19 will certainly contribute to growth in these numbers. Americans across the country will struggle with increases in depression, anxiety, trauma, and grief. There is also anticipated increase in substance misuse as lives are impacted for individuals and families. The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, crisis counseling, and other related supports for children and adults impacted by the COVID-19 pandemic. Funding will be provided for states, territories, and tribes to develop comprehensive systems to address these needs. The purpose of this program is specifically to address the needs of individuals

with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders.

Eligibility
State governments, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations.
See Section III-1 for full eligibility requirements.

Award Information
Funding Mechanism:
Grant

Anticipated Total Available Funding:
$110,000,000

Anticipated Number of Awards:
60

Anticipated Award Amount:
Up to $2 million per State/Up to $500,000 per Territories and Tribes
Length of Project:
16 months

Cost Sharing/Match Required?
No
Proposed budgets cannot exceed $2 million for states and $500,000 for territories and tribes in total costs (direct and indirect) for the proposed project.

Contact Information
Program Issues
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