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**COPING WITH COVID-19: APRIL 13<sup>TH</sup>, 2020 WEBINAR**  
**HOSTED BY CINDY PEZZA, PMAC OF PINNACLE PRACTICE ACHIEVEMENT**  
**GUEST PRESENTER: ANN DOSEN OF CLOVER CONFERENCES AND [PODIATRYMEETINGS.COM](https://podiatrymeetings.com)**



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Total Confirmed

1,846,963

Confirmed Cases by  
Country/Region/Sovereignty

- 555,398 US
- 166,831 Spain
- 156,363 Italy
- 133,670 France
- 127,854 Germany
- 85,206 United Kingdom
- 83,134 China
- 71,686 Iran
- 56,956 Turkey
- 29,647 Belgium
- 25,746 Netherlands



Total Deaths

114,090

- 19,899 deaths Italy
- 17,209 deaths Spain
- 14,393 deaths France
- 10,612 deaths United Kingdom
- 6,898 deaths New York City New York US

Total Tested in the US

2,805,890

- 461,601 tested New York US
- 190,328 tested California US
- 182,753 tested Florida US
- 126,735 tested New Jersey US
- 124,890 tested Pennsylvania US
- 124,533 tested Texas US

Deaths Recovered

Statistics as of April 12th at 8:35 p.m.

Confirmed Logarithmic Daily Cases

185

countries/regions

Confirmed cases include presumptive positive cases.  
Recovered cases outside China are estimates based on local media reports, and may be substantially lower than the true number.  
Active cases = total confirmed - total recovered - total deaths.

Last Updated at (M/D/YYYY)  
4/12/2020, 8:35:11 PM



**It's hard to  
believe that this  
is our 5<sup>th</sup>  
Monday of  
COVID-19  
Open  
Discussions**



**Disclaimer**



**Information is changing rapidly  
so we all must stay informed  
(i.e. Don't shoot the messenger!)**



***We will discuss loans,  
grants, telehealth services  
and keeping safe a little  
later***

RIGHT NOW, LET'S TALK  
CME ONLINE OPPORTUNITIES

***Clover Conferences, LLC  
Ann Dosen, President***

***PodiatryMeetings.com  
Co-Founder***

***ann@cloverconferences.com***



• STATES THAT ALLOW 100% ONLINE

State	Cycle	Credits	Credits/yr	Online	Online %	Next Renewal	Info
Alaska	2	20	20	20	100%	11/31/2020	<a href="#">Info</a>
Alaska	2	12	12	12	100%	11/31/2020	<a href="#">Info</a>
Arizona	2	20	20	20	100%	06/30/2020	<a href="#">Info</a>
California	2	20	20	20	100%	03/01/2020	<a href="#">Info</a>
Colorado	2	10	10	10	100%	08/31/2020	<a href="#">Info</a>
Delaware	2	20	10	20	100%	06/30/2020	<a href="#">Info</a>
Florida	2	40	20	40	100%	01/31/2020	<a href="#">Info</a>
Hawaii	2	30	15	30	100%	04/30/2021	<a href="#">Info</a>
Kansas	2	24	12	24	100%	10/31/2021	<a href="#">Info</a>
Louisiana	2	20	20	20	100%	—	<a href="#">Info</a>
Massachusetts	2	30	15	30	100%	12/31/2021	<a href="#">Info</a>
Michigan	2	20	10	20	100%	04/30/2021	<a href="#">Info</a>
Minnesota	2	180	90	180	100%	03/01/2021	<a href="#">Info</a>
Mississippi	2	40	20	40	100%	06/30/2020	<a href="#">Info</a>
North Dakota	2	20	20	20	100%	12/31/2020	<a href="#">Info</a>
New Jersey	2	100	50	100	100%	10/31/2021	<a href="#">Info</a>
New Mexico	2	10	10	10	100%	01/01/2020	<a href="#">Info</a>
Nevada	2	30	15	30	100%	11/31/2020	<a href="#">Info</a>
Ohio	2	100	50	100	100%	—	<a href="#">Info</a>
Oregon	2	20	20	20	100%	12/31/2021	<a href="#">Info</a>
Rhode Island	2	15	15	15	100%	06/30/2020	<a href="#">Info</a>
South Dakota	2	20	10	20	100%	06/30/2021	<a href="#">Info</a>
Utah	2	40	20	40	100%	01/30/2020	<a href="#">Info</a>
Virginia	2	30	30	30	100%	—	<a href="#">Info</a>
Wyoming	2	30	15	30	100%	11/30/2020	<a href="#">Info</a>
Wisconsin	2	30	15	30	100%	11/31/2020	<a href="#">Info</a>
West Virginia	2	20	20	20	100%	06/30/2021	<a href="#">Info</a>
Wyoming	2	40	20	40	100%	07/01/2021	<a href="#">Info</a>

## States that allow CME's 100% online

Source: PRESENT e-Learning

<https://podiatry.com/State-Online-Podiatry-CME-Laws>

Be sure to check with your individual state licensing board for confirmation.

• STATES THAT LIMIT CME EARNED ONLINE

State	Cycle	Credits	Credits/hr	Online	Online %	Next Renewal	Info
Alabama	2	25	25	10	40%	06/30/2020	<a href="#">Info</a>
Connecticut	0	0	0	0	0%	06/05/2020	<a href="#">Info</a>
D.C.	2	30	25	25	50%	03/31/2020	<a href="#">Info</a>
Florida	0	40	30	5	33%	08/31/2020	<a href="#">Info</a>
Georgia	2	50	25	10	20%	06/30/2021	<a href="#">Info</a>
Iowa	2	40	20	10	25%	06/30/2020	<a href="#">Info</a>
Idaho	0	12	12	6	50%	—	<a href="#">Info</a>
Illinois	2	100	50	50	50%	01/31/2021	<a href="#">Info</a>
Kentucky	0	20	20	5	25%	06/30/2020	<a href="#">Info</a>
Maryland	2	50	25	25	50%	12/01/2021	<a href="#">Info</a>
Massachusetts	2	40	20	5	30%	06/30/2021	<a href="#">Info</a>
Missouri	2	24-50	12-25	6-12	24-25%	02/28/2020	<a href="#">Info</a>
Montana	2	75	25	0	0%	—	<a href="#">Info</a>
North Carolina	1	25	25	5	20%	06/30/2020	<a href="#">Info</a>
Nevada	2	45	24	16	33%	04/01/2020	<a href="#">Info</a>
New Hampshire	2	40	20	10	25%	06/30/2020	<a href="#">Info</a>
New York	2	30	15.5	25	50%	—	<a href="#">Info</a>
Ohio	2	50	30	10	15%	06/30/2020	<a href="#">Info</a>
Pennsylvania	2	30	25	10	30%	12/31/2020	<a href="#">Info</a>
Rhode Island	2	45	15		0%	—	—
South Carolina	2	24	12	12	50%	12/31/2021	<a href="#">Info</a>
Tennessee	2	15	15	5	33%	06/30/2020	<a href="#">Info</a>
Texas	2	50	25	20	40%	11/01/2020	<a href="#">Info</a>
Washington	2	100	50	50	30%	06/01/2020	<a href="#">Info</a>

## States that limit CME earned online

Source: PRESENT e-Learning

<https://podiatry.com/State-Online-Podiatry-CME-Laws>

Be sure to check with your individual state licensing board for confirmation.



***Focus your time on the  
topics that are required by  
your state:***

***Opioids***

***Child abuse***

***Human trafficking***



Visit my website, PodiatryMeetings.com for up to date information.

We are posting updates as soon as we receive them regarding meeting cancellations, reschedule information, and online credit options.

From the home page, click the big purple banner about COVID-19 meeting updates or navigate to:

<https://podiatrymeetings.com/covid-19-meeting-updates/>

*While you're there, be sure to fill out a survey about a conference you've attended! Your survey is anonymous and urges meeting planners to make improvements based on feedback published publicly.*



## Ohio Foot & Ankle Medical Association (OHFAMA)

Cindy was scheduled to lecture at this well-known state meeting. Rather than cancel the meeting, OHFAMA decided to make it available virtually!

You can earn up to **23 credits online** during this 3-day event!

**May 14-16, 2020**

Cindy was able to secure a **discount** for her audience (nationwide) to register and attend all online sessions (in addition to APMA and early bird discounts).

Physicians **receive \$30 off** the registration cost and  
Assistants **receive \$10 off** the registration cost.

You must use Cindy's PPA Promo codes...



Physicians use code PPA2020

Assistants use code Assistants2020

Follow these steps to register and take advantage:

1) Navigate to the OHFAMA conference page by visiting the ohfama.org home page, then click on the Annual Seminar more information link

Or follow this link:

[http://www.ohfama.org/aws/OHFAMA/pt/sp/annual\\_seminar](http://www.ohfama.org/aws/OHFAMA/pt/sp/annual_seminar)

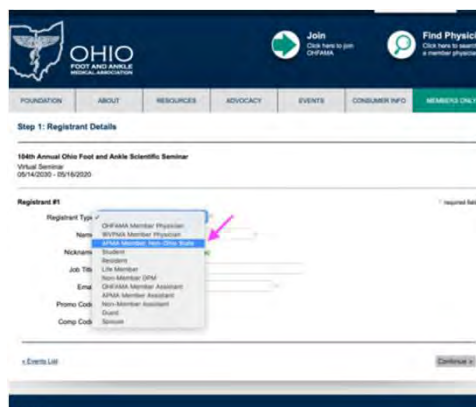
2) Then, click on the text “[Please follow this link to register for the Physicians or Assistants Program online](#)”

3) Create a new user

4) After you create your account, select registrant type “APMA Member, Non-Ohio State”



Take a picture of this slide for your reference!





5) Fill in your information and use PROMO Code: PPA2020 to receive an additional \$30 along with APMA and early bird discounts

6) Click Continue

7) Confirm your APMA out of state registration in the drop-down box, check to agree to the terms and then select each session you would like to attend online

8) On the next screen, check to make sure that your \$30 PPA and early bird discounts have been applied

[illegible]

[PENDING](#)
[HELP](#)
[RESOURCES](#)
[BROADCAST](#)
[EVENTS](#)
[ESTIMATES VPS](#)
[ACCOUNT & LOGOUT](#)

## Step 2: Registration Choices

[1998 Annual OSHA Fact and Action Summary Seminar](#)  
 Virtual Seminar  
 9/24/2018 - 10/2/2018

Register For: 
 Seat Preference: 
 Type: 
 Offer Number: 
 On/Off Date:

Early Bird rates will be applied at checkout.  
**APRIL Seminar Registration - Get it all for \$100**  
 (Online Seminar Registration 10/26/18 \$100)

This seminar is a Virtual Seminar. Only  
 one person can register for this seminar online. You will have to register for this seminar in the seminar Date  
 from the menu. Registering will allow you to register for this seminar as far as the date for the seminar as well as the cost.  
 You can register for this seminar as far as the date for the seminar as well as the cost. You can register for this seminar as far as the date for the seminar as well as the cost.  
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 You can register for this seminar as far as the date for the seminar as well as the cost. You can register for this seminar as far as the date for the seminar as well as the cost.

☐ Check here to indicate you have read and agree to the Terms and Conditions

**SELECTED REGISTRATIONS PLEASE CHECK ALL THAT APPLY**

May 10 - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

6 7:00AM - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

7 7:00AM - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

8 7:00AM - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

9 7:00AM - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

10 7:00AM - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

11 7:00AM - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

12 7:00AM - 10:00AM - **OSHA Compliance Planning, Program Management and Alternatives to Penalties** (3)

Please add Thursday 7/26 seminar 1:00 - 3:00PM

3:00PM - 5:00PM - **OSHA Risk Management Alternatives** (3)

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Take a picture of this slide for your reference!

## OHFAMA Discount Registration Continued...

Note: You can also register staff members with your account by selecting APMA Member Assistant and filling in the information along with PROMO Code: ASSISTANTS2020

For your staff registration, check to agree to terms and then select which day(s) you would like them to attend online.

## 9) Complete checkout

FOUNDATION ABOUT RESOURCES ADVOCACY EVENTS CONSUMER INFO MEMBERS ONLY

Step 1: Registrant Details

19th Annual Ohio Foot and Ankle Scientific Seminar  
Virtual Seminar  
05/14/2020 - 05/16/2020

Registrant #1 required field

The Registrant you are trying to access has been removed from this Registration.  
To add a new Registrant, click the 'Register Another Person' button on the bottom of the next screen.

Registrant Type: APMA Member Assistant

Name: Kathryn Assistant

Nickname: Kathy (for name badge)

Job Title: Podiatric Assistant

Email: ma@beetdoctorsever.com

Promo Code: ASSISTANTS2020 What's This?

Comp Code: What's This?

[Events List](#) Continue

Take a picture of this slide for your reference!

OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

Join Click here to join OHFAMA

Find Physician Click here to search for a member physician

FOUNDATION ABOUT RESOURCES ADVOCACY EVENTS CONSUMER INFO MEMBERS ONLY

Step 2: Registration Choices

19th Annual Ohio Foot and Ankle Scientific Seminar  
Virtual Seminar  
05/14/2020 - 05/16/2020

Registrant #1: Kathryn Assistant Type: APMA Member Assistant

This seminar is a Virtual Seminar Only

Virtual Meeting Details Registrants will attend the seminar virtually, that will give the registrant the ability to watch the seminar from their home or office. Registrants will sign into the session that they prefer at the start time and complete an evaluation at the end. Each session will be streamed at a maximum of 14.5 CME hours for the seminar depending on what is attended. This seminar will not be recorded, and registrants will need to participate during the live presentations in order to receive continuing education credit. Complete virtual seminar details will be sent in early May with instructions on how to login, and other seminar information. There will be a virtual exhibit hall and those details will be sent to registrants the week of the seminar.

☒ Check here to indicate you have read and agree to the terms outlined above.

Early Bird rates will be applied at checkout

Thursday ONLY - Member Assistant Registration: May 14, 2020 (\$110.00) [Details](#)

Friday ONLY - Member Assistant Registration: May 15, 2020 (\$110.00) [Details](#)

☒ Thursday and Friday - Member Assistant Registration - May 14 - 15, 2020 (\$185.00) [Details](#)

**Other Online CME Providers:**

Source: PodiatryMeetings.com

ACLES (American College of Lower Extremity Surgeons)

Spring Meeting April 30-May 3 ONLINE

Visit [www.acles.org](http://www.acles.org) for more information

CME Online is hosting a series of events

Weekly lectures with Dr. Bryan Markinson - <https://www.cmeonline.com/dermatological-webinar-series>

Weekly lectures with Dr. Michael Warshaw - <https://www.cmeonline.com/wound-care-webinar-series>

4-hour program with Dr. Jacobs and Dr. Warshaw with Michael Brody - <https://www.cmeonline.com/node/32253659>

FREE weekly journal club for students and residents (others are welcome) - <https://attendee.gotowebinar.com/rt/4083109403251848461>

**Other Online CME Providers:**

Source: PodiatryMeetings.com

Podiatry Management Online (PM News)

<https://podiatrym.com/cme.cfm>

Podiatry Today

<https://www.podiatrytoday.com/cme>

PRESENT e-Learning Systems

PRESENT Podiatry Online

<https://podiatry.com/Lecture-Hall>

- The largest provider of online CME to podiatrists
- Simple 3 step process
- Receive CME certificate instantly
- Affordable from \$12-18 per CME credit

Please share with me if you have information on another provider, email

[beheard@podiatrymeetings.com](mailto:beheard@podiatrymeetings.com)



# **Updated Telehealth (non face-to-face) Service Options\*\***

## **Any of these services can be provided to NEW OR ESTABLISHED PATIENTS!**

### **Option 1: Utilize office E/M coding (99201-99215)**

- Must use a communication tool that has interactive audio and video; real-time communication such as (FaceTime, Skype, Doxy.me)
- Use modifier 95\*\*
- Use the Place of Service that would have been used had the service been rendered in person (e.g., POS 11 for CPT 99213)
- These services will be paid at the regular (non-facility) rate
- This waiver is in place as long as the public health emergency lasts
- Postoperative global periods still apply
- Document a progress note just like one would do when this service is provided face-to-face. This interaction is an E/M service and the same documentation requirements apply. The level is selected based on the 1995 or 1997 CMS guidelines for evaluation and management services. When using CPT 99202–99215 for telehealth, the level may be selected based on “Medical Decision Making alone or total time alone.”

# **Telehealth Option One (using regular E/M codes) can be used for services that would have been provided in any facility**

## **Medicare Telehealth Services Allowed During PHE**

- ▶ Office outpatient E/M (CPT 99201-99215)
- ▶ Initial hospital E/M (CPT 99221-99223)
- ▶ Subsequent hospital E/M (CPT 99231-99233)
- ▶ Initial nursing facility E/M (CPT 99304 – 99306)
- ▶ Subsequent nursing facility E/M (CPT 99307-99310)
- ▶ Emergency Dept E/M (CPT 99281-99285)
- ▶ And More.....

**Private payers have been most likely to pay**

**Option One (and it's the easiest)**

**Some are waiving copays/patient responsibility and are paying 100% of allowed amounts.**

**Some are even allowing providers to "treat" via real time or telephone communication using E/M coding**

**You should check with the individual payer about the preferred coding and modifiers for the other Telehealth options.**

Subject Line: Actions to Support Providers During COVID-19 National Emergency



## Stay informed about COVID-19

### Actions to Support Providers During COVID-19 National Emergency

UnitedHealthcare is taking a number of steps to support you, your patients and your communities during this health crisis. We'll be regularly updating you on these actions on the provider [COVID-19 website](#) and through ongoing emails. Highlights of these key actions are summarized below for your easy reference.

#### For Providers

In addition to our previous announcement of [expanded telehealth services](#), we're working to improve access to care, decrease your administrative processes, help address the short-term financial pressure caused by the COVID-19 national emergency and reduce the financial impact to members.

##### Accelerating Payments

On April 7, 2020, UnitedHealth Group announced steps to accelerate nearly \$2 billion in payments and other financial support to care providers. This includes accelerated claim payments to medical and behavioral care providers in UnitedHealthcare's Medicare Advantage, Medicaid, and Individual and Group Market fully insured health plans. [Learn more](#) and read the [Wall Street Journal article](#) about this announcement.

##### Providing Guidance on Telehealth Claim Submissions

Our [telehealth coding guide](#) gives examples of how UnitedHealthcare might reimburse telehealth services for dates of service from March 18, 2020 until June 18, 2020. This includes telehealth sessions, virtual check-ins and electronic visits (e-visits).

##### Waiving Cost Share for COVID-19 Testing and Testing-Related Visits

[Member cost share](#) (copays, coinsurance and deductibles) has been waived for COVID-19 testing and testing-related visits throughout the COVID-19 national emergency period. This applies whether the visit occurs in a health care provider's office, urgent care center, emergency department or through a telehealth visit.

##### Waiving Cost Share for COVID-19 Treatment

If a member in our Medicare Advantage, Medicaid, and Individual and Group Market fully insured health plans receives treatment under a COVID-19 admission or diagnosis code between Feb. 4, 2020 and May 31, 2020, we will [waive cost share](#) for the following:

- Office visits
- Urgent care visits
- Emergency department visits
- Observation stays
- Inpatient hospital episodes
- Acute inpatient rehab
- Long-term acute care
- Skilled nursing facilities

##### Implementing Provisional Credentialing

We're temporarily [updating our credentialing policies](#) to implement provisional credentialing from March 19, 2020 until June 18, 2020 for out-of-network care providers who are licensed independent practitioners and want to participate in our networks.



## Telehealth Scenario 1: Established patient visit with a provider who uses an audio-video or audio-only telecommunications system for COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care not resulting in COVID-19 diagnostic testing.	<ul style="list-style-type: none"> <li>Scheduled or same day telehealth visit with an established patient</li> <li>Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype*</li> <li>Care is delivered by a physician, nurse practitioner or physician assistant</li> </ul> <p><i>*United States Department of Health and Human Services (HHS) is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></p>	<p><b>Step 1.</b> Use appropriate Office Visit E/M code (99211-99215)</p> <p><b>Step 2.</b> Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p><b>Step 3.</b> Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p><b>Step 4.</b> Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

## Telehealth Scenario 4: New patient visit with a provider who uses an audio-video or audio-only telecommunications system COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
<p>New patient* presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care without COVID-19 diagnostic testing.</p>	<ul style="list-style-type: none"> <li>Scheduled or same day telehealth visit with a new patient</li> <li>Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype*</li> <li>Care is delivered by a physician, nurse practitioner or physician assistant</li> </ul> <p><i><u>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</u></i></p>	<p><b>Step 1.</b> Use appropriate Office Visit E/M code (99201-99205)</p> <p><b>Step 2.</b> Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p><b>Step 3.</b> Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p><b>Step 4.</b> Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

\*Subject to state law requirements.

## Option 2: "Virtual Check-in" (Medicare)

- G2012: Brief communication technology-based service (e.g., virtual check-in) by a physician or other qualified health-care professional who can report evaluation and management services, provided to a **new or established** patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
- Can be any type of telecommunication tool, **including telephone**

**Use POS 02**

**No modifiers needed**

# Option 3: Telephone E/M Services

- This interaction is an E/M service and documentation must support an E/M just like any other E/M type. Must have history, as much of an evaluation as possible, and some form of medical management.
- ***Must be initiated by patient or the patient's guardian***      ***Provider may educate patients about this option***
- Not reimbursed by some payers\*
- CANNOT report if call results in decision to see patient within 24 hours or next available urgent appointment
- CANNOT report if call refers to E/M service performed by same provider within previous seven days
- CANNOT report if call refers to a problem for which a patient is in a global period
- CPT **99441** - Telephone evaluation and management service by a physician or other qualified health-care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
- CPT **99442**– ; 11–20 minutes of medical discussion
- CPT **99443**– ; 21–30 minutes of medical discussion

**Use POS 02    No Modifier (for Medicare, Private Payers may require something different)**



# **Option 4: E-Visits**

## **(check with private payers about coverage and specifications of coding)**

- This interaction is an E/M service and documentation must support an E/M just like any other E/M type. Must have history, as much of an evaluation as possible, and some form of medical management.
- Examples of digital platforms:
  - Electronic health record (through the patient portal)
  - Email
  - Text message
  - Other two-way digital communication

***Must be initiated by patient via a digital platform***

***Provider may educate patients about this option***

- CPT 99421: Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 5–10 minutes
- CPT 99422 ; 11–20 minutes
- CPT 99423 ; 21 or more minutes
- Time includes:
  - Review of inquiry
  - Review of patient records
  - Interaction with other staff
  - Development of management plan
  - Rx
  - Ordering tests
  - Communication with patient

**Use POS 02 No Modifier\*\***

## **April 10<sup>th</sup> Surprise Deposits**

- If you woke up to a direct deposit from Optum Bank with the description HHSPAYMENT you were not alone.
- PLEASE DO NOT PANIC IF YOU HAVEN'T RECEIVED A DEPOSIT.
- These were sent the U.S. Dept. of Health and Human Services in conjunction with United HealthGroup to the account associated with EFTs for the TIN listed with Medicare.
- YOU DO NOT APPLY FOR THIS MONEY, IT IS A "GRANT"

# **We all get a little suspicious of free money, right?**

- This is still being examined by APMA as the terms and conditions of accepting this grant are contradictory to say the least.\*\*
- This is also causing a lot of tension, and emails and phone calls and texts and social media posts.
- The intent of this stimulus money is to help you through this difficult time.
- There is also confusion about deposit amounts versus the suggested calculation method\*\*

## **What do I mean? Here is how the email from HHS begins (if you didn't receive it, check with your biller):**

- Thank you for your tireless efforts during this critical time. President Trump is providing support to healthcare providers fighting the COVID-19 pandemic. The President signed the bipartisan CARES legislation that provides \$100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. Recognizing the importance of delivering funds in a fast and transparent manner, the Department of Health and Human Services (HHS) is distributing \$30 billion of the relief funds immediately. **These are payments to healthcare providers, not loans, and will not need to be repaid.**

**[www.hhs.gov/providerrelief](https://www.hhs.gov/providerrelief) provides more information (after all, there are terms and conditions to accepting this “free money”)**

- This quick dispersal of funds will provide relief to both providers in areas heavily impacted by the COVID-19 pandemic **and those providers who are struggling to keep their doors open due to healthy patients delaying care and cancelled elective services.**
- If you ceased operation as a result of the COVID-19 pandemic, you are still eligible to receive funds so long as you provided diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. Care does not have to be specific to treating COVID-19. HHS broadly views every patient as a possible case of COVID-19.

## The email then goes on to say:

- **Who is eligible for funds from the initial \$30 billion?**  
Billing entities who received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for this initial rapid distribution. **Your organization qualifies and you will automatically receive payment soon.**

### **How are payment amounts determined?**

Providers will receive a portion of the initial \$30 billion distribution **based on their share of total Medicare FFS reimbursements in 2019**. Providers can obtain their 2019 Medicare FFS billings from their organization's revenue management system.



# And then. . .

- **How will payments be distributed?**

HHS is partnering with UnitedHealth Group to deliver funds. You will receive payment within two weeks via Automated Clearing House (ACH). The automatic payments will come via Optum Bank with “HHSPAYMENT” as the payment description. Payments to practices that are part of larger medical groups will be sent to the group’s central billing office. All relief payments are made to provider billing organizations based on their Taxpayer Identification Numbers (TINs).

**What action should I take?**

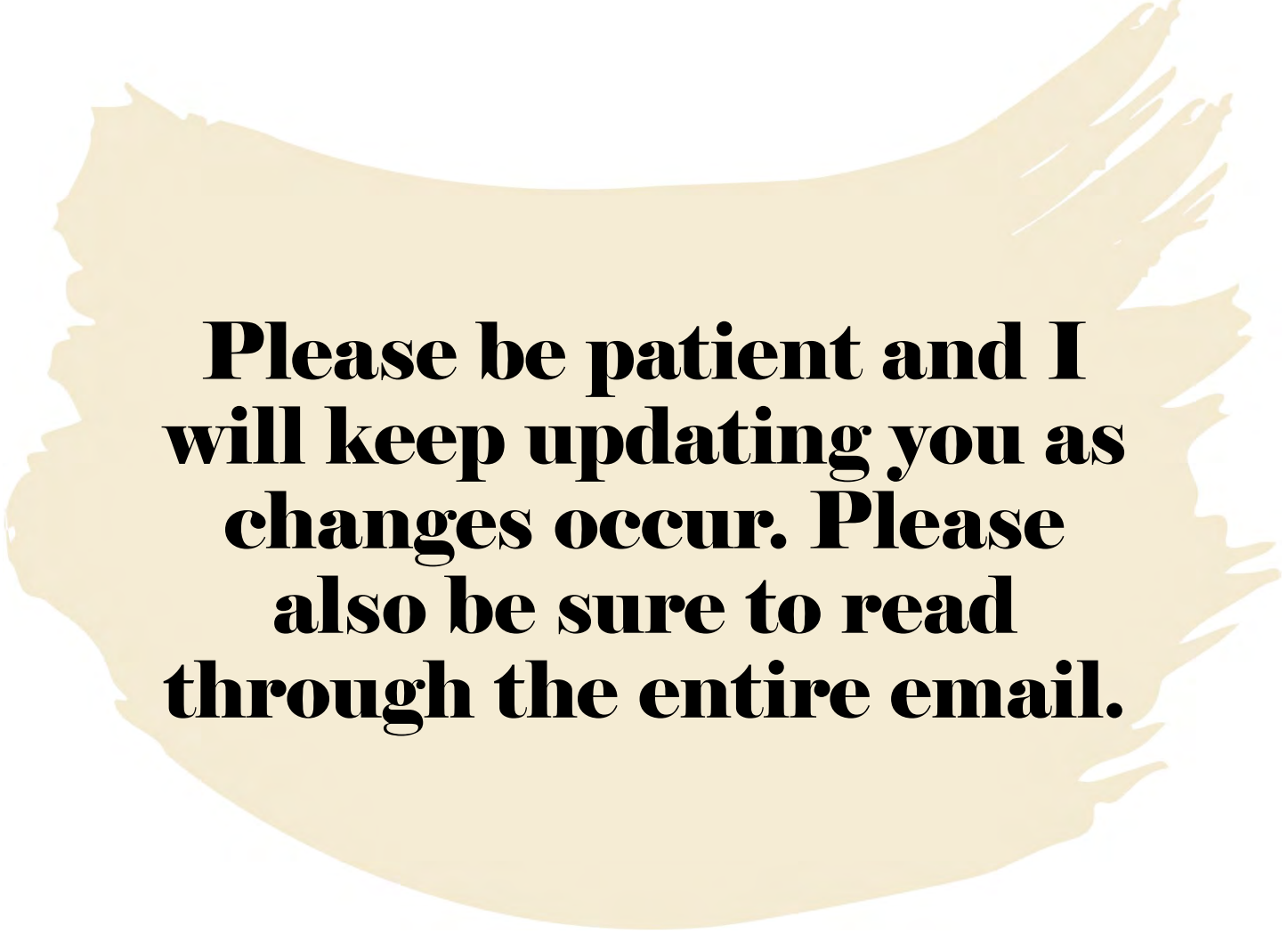
Within 30 days of receiving the payment, **you must sign an attestation** confirming receipt of the funds and agreeing to the terms and conditions of payment. Terms and conditions can be found on [hhs.gov/providerrelief](https://hhs.gov/providerrelief). The CARES Provider Relief Payment Portal for signing the attestation will be open the week of April 13, 2020, and will be linked from [hhs.gov/providerrelief](https://hhs.gov/providerrelief).

**Whom can I contact for more information?**

For additional information, please visit [hhs.gov/providerrelief](https://hhs.gov/providerrelief) or call the CARES Provider Relief line at (866) 569-3522.

# The calculation/example provided conundrum

- Providers will be distributed a portion of the initial \$30 billion based on their share of total Medicare FFS **reimbursements** in 2019. Total FFS payments were approximately \$484 billion in 2019.
- A provider can estimate their payment by dividing their 2019 Medicare FFS (not including Medicare Advantage) payments they received by \$484,000,000,000 and multiply that ratio by \$30,000,000,000. Providers can obtain their 2019 Medicare FFS billings from their organization's revenue management system.
- As an example: A community hospital **billed** Medicare FFS \$121 million in 2019. To determine how much they would receive, use this equation:
  - $\$121,000,000 / \$484,000,000,000 \times \$30,000,000,000 = \$7,500,000$

A light beige brushstroke background with a textured, hand-painted appearance, featuring various shades of cream and light tan. The brushstrokes are visible, particularly on the right side where they fan out.

**Please be patient and I  
will keep updating you as  
changes occur. Please  
also be sure to read  
through the entire email.**

**Continue to  
be diligent  
by screening  
to determine  
urgency of  
visit and to  
protect  
yourself,  
your staff  
and your  
patients**

---

Wear gloves and mask at all times while patients are present and require that patients keep their noses and mouths covered as well (don't advertise that you will supply patients with masks; encourage that they bring their own).

---

Make sure someone from your staff **actually speaks** to the patient prior to arrival to make sure they are not coughing, have a fever or feel "off"

---

Do not leave messages without a return call

---

If you have closed your office establish a protocol for instructing patients in need of urgent care.

---

Have protocols in place for if you, one of your staff members or patients finds out they are exposed

**No matter  
what, keep  
your patients  
up to date!**



Send e-blasts, post information in your reception area and outside your office, post on social media (make videos) . . .



Radio silence is not an option during this time.

# The Triple P (Paycheck Protection Program)

The Paycheck Protection Program creates a type of **emergency loan that can be forgiven when used to maintain payroll through June** and **expands the network beyond SBA** so that more banks, credit unions and lenders can issue those loans.

*The basic purpose is to incentivize small businesses to not lay off workers and to rehire laid-off workers that lost jobs due to COVID-19 disruptions.*

Many of you have applied since April 3<sup>rd</sup> and have been approved or are awaiting response.





# Another tricky situation

## **Unemployment Recipients Now Receive an Extra \$600 a Week**

- Those approved for unemployment insurance will receive an extra \$600 each week on top of the benefits they get from their state. In New York state, for example, if you're eligible to receive the maximum unemployment benefit amount of \$504 per week, the CARES Act adds an additional \$600 to that figure, making your weekly income \$1,104.
- If you are already approved for unemployment insurance from your state's labor department, you won't have to do anything to receive the extra \$600 per week. If you are not already enrolled and approved for benefits in your state, you must do so to be eligible under the new provisions. This benefit began on March 27, 2020, and will last until July 31, 2020. Contact [your state's labor department](#) for state-specific information.

# Back to PPP: How much can I get and what are the terms?



The maximum loan amount under the Paycheck Protection Act is \$10 million (Loans can be up to 2.5 x the borrower's average monthly payroll costs, not to exceed **\$10 million** ), with a very low interest rate (currently less than 1%)



No personal guarantee or collateral is required for the loan. Any unforgiven funds must be paid back in 2 years\*

75% of this loan must be used for payroll



Once you are approved, you must accept funds within 10 days or the loan is withdrawn.

You can reapply for the loan at a later date, but not from the same lender.

# Can Loans be Forgiven?

A borrower is eligible for loan forgiveness equal to the amount the borrower spent on the following items during the 8-week period beginning on the date of the origination of the loan\*\*:

- Payroll costs (using the same definition of payroll costs used to determine loan eligibility)
- Interest on the mortgage obligation incurred in the ordinary course of business
- Rent on a leasing agreement
- Payments on utilities (electricity, gas, water, transportation, telephone, or internet)
- The loan forgiveness cannot exceed the principal.



## What if I bring back employees or restore wages?

Reductions in employment or wages that occur during the period beginning on February 15, 2020, and ending 30 days after enactment of the CARES Act, (as compared to February 15, 2020) shall not reduce the amount of loan forgiveness **IF** by June 30, 2020 the borrower eliminates the reduction in employees or reduction in wages.

# Economic Injury Disaster Loans (EIDLs)

Another important aspect of the CARES Act for small businesses is that it **expands eligibility for the SBA's [Economic Injury Disaster Loans \(EIDLs\)](#)**.

In early March, the SBA's disaster loan program was extended to all small businesses affected by COVID-19, but the CARES Act opens this program up further and makes it easier to apply.

This loan is not forgivable but has longer terms to repay and is still at a low interest rate

Apply for as many programs as you can (you don't have to take the money but at least get in line for it!)\*\*



## **EIDL continued**

- EIDLs are also available to Tribal businesses, cooperatives, and ESOPs (employee stock ownership plans) with fewer than 500 employees. They are also available to all non-profit organizations, including 501(c)(6)s, and to individuals operating as sole proprietors or independent contractors.
- **EIDLs can be approved by the SBA based solely on an applicant's credit score.**
- **EIDLs that are smaller than \$200,000 can be approved without a personal guarantee.**
- **Borrowers can receive a \$10,000 emergency grant cash advance that can be forgiven if spent on paid leave, maintaining payroll, increased costs due to supply chain disruption, mortgage or lease payments or repaying obligations that cannot be met due to revenue losses.**



**Has anyone (or anyone you  
know) received a check yet?  
either!**

**Me**





# ***Open Discussion***

# Thank you for joining and keep watching for emails

“Extra Extras” will be sent as frequently as possible with helpful tips and information. Also check out PM News Online daily to read “Coping with COVID-19.”

Stay tuned and stay safe. . .

Visit [www.pinnaclepa.com](http://www.pinnaclepa.com) for more information

