|  |  |
| --- | --- |
|

|  |
| --- |
| **AN UPDATE FROM THE PRACTICE & PAYMENT SPECIALIST****Medicaid Providers**Provider relief funds available to Medicaid and Children’s Health Insurance Program (CHIP) providers. Health and Human Services (HHS) has announced additional distributions from the Provider Relief Fund to Medicaid and CHIP providers. HHS plans to distribute approximately $15 billion to eligible providers that participate in Medicaid and CHIP and have not received a payment from the “General Allocation” of $50 billion that was targeted to Medicare providers. HHS launched an enhanced payment portal on June 10 to allow “eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their Provider Relief Fund payment.” The payment to each provider will be at least 2% of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients providers serve. Providers must submit their data by July 20, 2020. Eligibility is limited to providers who did not receive payments from the $50 billion Provider Relief Fund General Distribution and either have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018, to May 31, 2020. For more information click [**HERE**](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html). Please also note, whether you’re a Medicare or Medicaid provider: HHS continues to update its [**Provider Relief Fund FAQs**](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html) on an almost daily basis. We encourage you to frequently check the FAQs for updates.**Medicare Private Practices involved in MIPS**In response to the 2019 Coronavirus (COVID-19) public health emergency, Centers for Medicare and Medicaid Services (CMS) is announcing flexibilities for clinicians participating in the Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) in 2020:* Clinicians significantly impacted by the public health emergency may submit an Extreme & Uncontrollable Circumstances Application to reweight any or all of the MIPS performance categories. Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency.
* Reminder: In April, CMS added a new COVID-19 clinical trials improvement activity. There are two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
* A clinician may participate in a COVID-19 clinical trial and have those data entered into a data platform for that study; or
* A clinician participating in the care of COVID-19 patients may submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.

For More Information:* Visit the [**QPP COVID-19 Response**](https://qpp.cms.gov/about/covid19) or review the [**COVID-19 Fact Sheet**](https://files.constantcontact.com/94e4cf5c301/2a13d4dd-df5c-430c-b8d1-4f0047d78a11.pdf) to learn more about changes to the Quality Payment Program in response to the COVID-19 pandemic.
* Review the [**2020 Exception Applications Fact Sheet**](https://files.constantcontact.com/94e4cf5c301/45793511-881c-4a0b-9b6d-f6a48fe5ca34.pdf) and [**QPP Exception Applications**](https://preview.qpp.cms.gov/mips/exception-applications) for more information about submitting an Extreme & Uncontrollable Circumstances Application.
* Read more about the [**COVID-19 Clinical Trials Improvement Activity**](https://files.constantcontact.com/94e4cf5c301/6c3bfa34-7ac9-4b51-a025-5e53f8db9934.pdf) in the 2020 Improvement Activities Inventory.

Contact the Quality Payment Program at 1-866-288-8292 or by **e-mail** to receive assistance more quickly, please consider calling during non-peak hours—before 10:00 am and after 2:00 pm ET.* Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

These flexibilities, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click [**HERE**](http://www.coronavirus.gov/).**Updated Medicare Advance Beneficiary Notice of Non-Coverage (ABN)**The ABN, Form CMS-R-131, and form instructions have been approved by the Office of Management and Budget (OMB) for renewal. The use of the renewed form with the expiration date of 06/30/2023 will be mandatory on 8/31/2020. The ABN form and instructions may be found [**H**](https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN)**ERE**.The Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers (including independent laboratories, home health agencies, and hospices), physicians, practitioners, and suppliers to Original Medicare (fee for service - FFS) beneficiaries in situations where Medicare payment is expected to be denied. The ABN is issued in order to transfer potential financial liability to the Medicare beneficiary in certain instances. Guidelines for issuing the ABN can be found beginning in Section 50 in the [**Medicare Claims Processing Manual, 100-4, Chapter 30 (PDF)**](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf).Note: Skilled nursing facilities (SNFs) issue the ABN to transfer potential financial liability for items/services expected to be denied under Medicare Part B only.**Telemedicine Extension**The Indiana governor has continued to extend telemedicine privileges through the public health emergency through August 3rd with his most recent [**Executive Order**](https://files.constantcontact.com/94e4cf5c301/2bb6bf28-d4f3-4a59-bfa3-0c79cfb5750c.pdf)**.** Medicare Telehealth Extension should coincide with the Extension of the National Public Health Emergency for an Additional 90 days along with many non-federal payers. Please visit the APTA Website for [**Updates on Federal and Commercial Telehealth**](https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/billing-and-coding) status. Visit [**COVID-19 FFS billing**](https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf) for additional CMS waiver information.Follow these links for temporary payer policy revisions on telehealth and current end dates: [**Federal**](https://files.constantcontact.com/94e4cf5c301/22f0be24-3d55-4fd6-9d6b-5728fc76adbc.pdf) and [**Non-Federal**](https://files.constantcontact.com/94e4cf5c301/de20b64a-c0a8-4256-971a-563f8dd1c2c4.pdf), [**Commercial Payer Telehealth or E-Visits Coverage**](https://files.constantcontact.com/94e4cf5c301/709058a4-0d5f-47f7-9b49-ec2d5711cee5.pdf)**Advocacy to Halt 8% Physical Therapy CMS Cuts**APTA urgently needs your help to contact your members of Congress. In the 2020 final Medicare Physician Fee Schedule rule, the Centers for Medicare & Medicaid Services included deep cuts, effective January 1, 2021, to more than three dozen health care providers in order to increase payment for E/M codes utilized by primary care health professionals. Physical therapy is slated for an 8% cut.Click [**HERE**](https://www.apta.org/advocacy/issues/covid-19-advocacy) to learn more and take action.**Home Health Providers**Indiana Family and Social Service AdministrationThe 21st Century Cures Act directs Medicaid programs to require personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered. As previously announced, the Indiana Health Coverage Programs (IHCP) will be requiring the use of an EVV system for personal care services starting January 1, 2021. The implementation date for requiring use of an EVV system for home health services remains January 1, 2023.To help impacted providers prepare for this requirement, the IHCP has developed a two-page [**resource**](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDAsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDA2MDguMjI2Mjc5MTEiLCJ1cmwiOiJodHRwczovL3d3dy5pbi5nb3YvbWVkaWNhaWQvZmlsZXMvNTgyOF9PTVBQX0VWVl9JbXBsZW1lbnRhdGlvbl9QcmVwLnBkZiJ9.sv6uwnHnfw05jzjzFBPYmFSjRQ54HlEeP_2mjqaMN1c/br/79596221054-l) with helpful information. This resource describes the required steps for providers who wish to utilize the State’s EVV solution (Sandata) along with steps for providers who wish to use an alternative EVV vendor.For additional information on the EVV requirement, providers may be referred to the [**Electronic Visit Verification**](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDEsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDA2MDguMjI2Mjc5MTEiLCJ1cmwiOiJodHRwczovL3d3dy5pbi5nb3YvbWVkaWNhaWQvcHJvdmlkZXJzLzEwMDUuaHRtIn0.DkBcTjjp278W9bMosn0ICz0G1a_d-sn9A5aY5a2gaYk/br/79596221054-l) webpage on the Indiana Medicaid Provider website.Please feel free to contact the Practice and Payment Committee at: **info@inapta.org** if you have questions.Andrea Lausch, PT, DPTAPTA Indiana Practice and Payment Specialist |

 |

|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

 |