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Coronavirus

Seeking a lifeline: COVID-19 loans, advance payments on offer, but watch terms

Under the COVID-19 emergency, there are multiple opportunities for financially impacted Medicare providers to get money from government agencies or associated banks — either as loans or as an advance on their reimbursements. But while the application process for these programs tends to be simple, stay alert to some issues that could make trouble for you when it comes time to sign the contract or to pay them back.

You've probably heard about the \$100 billion earmarked for providers affected by the pandemic in the CARES Act signed into law by President Trump on March 27 ([PBN 4/6/20](#)). As of this writing, no concrete guidance has been issued by the federal government for disbursement of those funds. But CMS and the Small Business Administration (SBA) have made other arrangements to get money in the hands of providers, such as those recently interviewed by *Part B News* whose practices have incurred heavy financial losses from infection control requirements and the postponement of nearly all elective services and procedures ([PBN 4/6/20](#)).

Tap into advanced CMS payments

CMS has authorized its Medicare administrative contractors (MACs) to advance payments to providers, suppliers and other Medicare entities via the Accelerated and Advanced Payment Program (APP). Per the CMS fact sheet, Part B providers are eligible to receive an advance payment on up to three months' worth of their usual Part B payments, to be paid back to CMS within 120 days of the loan date. Note that Part A providers and Part B suppliers are also eligible, but with a 210-day window to pay back.

Pivot to telehealth during COVID-19 crisis

During the COVID-19 crisis, find out what services are eligible for reporting via telehealth, such as E/M office visits and prolonged services. Discover the ins and outs of the Medicare waivers and how they apply during the COVID-19 pandemic. Also learn key coding, billing, and documentation tips to ensure your claims get through during the April 21 webinar **Telehealth During the COVID-19 Crisis: Protect Patients, Maintain Continuity of Care, and Sustain Revenue**. Learn more: www.codingbooks.com/ympda042120.

because of the coronavirus outbreak. This is a trend that has grown over the past two weeks.

The poll also found COVID-19 has caused 39% of voters to say they are more likely to support the ACA, though 44% of Republicans say the outbreak has made them less likely to support Obamacare.

In addition to Morning Consult/Politico poll, Kaiser Family Foundation's (KFF) polling also showed Americans are worried about health care topics. According to the KFF poll, a vast majority of all Americans agree more should be done to assist people with health insurance. About 75% of Americans think the federal government should provide some type of health insurance. That includes 94% of Democrats who support government assistance, and 77% of independent voters support a type of universal, government-sponsored health care. Only 40% of Republicans back government health insurance.

As of this month, the KFF poll revealed 54% of Americans fall in line with a Medicare for All-type of insurance plan issued by the federal government. — *Jim Dresbach* (jdresbach@decisionhealth.com) ■

RESOURCES:

- Morning Consult/Politico poll: <https://morningconsult.com/2020/04/01/medicare-for-all-coronavirus-pandemic/>
- KFF survey: www.kff.org/slideshow/public-opinion-on-single-payer-national-health-plans-and-expanding-access-to-medicare-coverage/

Ask Part B News

Closing for COVID-19? Don't worry about abandonment, but give notice

Question: *The COVID-19 emergency has forced us to see nearly all our patients by telehealth only, and soon we may have to close down altogether, at least temporarily. Do we have to worry about patient abandonment trouble after this emergency lifts?*

Answer: Probably not, experts suggest, but let patients know what you're doing — and do what you can for the patients you're leaving behind.

The issue of abandonment usually comes up when patients are discharged by a practice or provider for not paying bills, not complying with treatment or causing trouble at the practice ([PBN 11/6/17](#), [4/19/18](#), [6/20/19](#)). But with many practices being forced to drastically reduce patient contact due to the pandemic, even the

most conscientious provider might wonder whether a medical board or insurer might think they've violated ethical or legal guidelines in refusing to see a patient.

Rich Cahill, vice president and associate general counsel for The Doctors Company, a physician-owned medical malpractice insurer in Napa, Calif., notes that in a professional liability action, the patient has to show the existence of a doctor-patient relationship, and that the provider “failed, either by omission or commission, to provide care consistent with what other similarly trained professionals were doing at that particular time under the same or similar circumstances,” causing injury to the patient.

“The standard in such litigation would be measured as what the community was doing during the epidemic when the event occurred, and not at some earlier or later period when the circumstances were different, thereby possibly mandating different or additional treatment,” Cahill explains. If your peers are also shutting down contact, that may be an argument in your favor.

If you're going to close or even curtail services, you should make a point of letting patients know, Cahill advises. “Notifications to patients must be documented in their records. Notification must also be given on the practice's website, its outgoing phone communications and elsewhere,” he says. As requirements may vary among professional organizations and jurisdictions, you should check with your state medical board and local professional association to see what else they require.

In California, the state medical board “recommends the physician notify patients in writing of three things,” says Susanna Hathaway Murphy, counsel with the Arent Fox firm in Los Angeles. First, you should share the last day the physician will be able to provide care. Second, offer other potential sources of medical care. “If the physician can refer to another physician by name, that would be best,” Murphy says. “Otherwise, provide the name of a reputable referral service.” Third, you should alert patients how to get copies of medical records, if needed after the closure.

Physicians going off the grid also “should continue to provide emergency care and prescriptions for a reasonable amount of time before becoming completely unavailable,” Murphy advises. The California board recommends at least 15 days. And, where appropriate, it couldn't hurt to refer your patient to someone who will be able to see them — if you know any. — *Roy Edroso* (redroso@decisionhealth.com) ■