Reimbursement & Policy

Hospital relief funding report deadline ~ June 3

HHS sent a reminder today that hospitals and other healthcare providers have until June 3 to **complete their attestation** for payments made directly to hospitals during the pandemic. Hospitals must accept the terms and conditions and submit revenue information. This process will also allow them to potentially qualify for future distributions.

In total, $175 billion has been set aside for hospitals and healthcare providers to reimburse expenses or lost revenues attributable to COVID-19. Funding was designated through the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act.

Relief funds for RHCs sent today

A **distribution of $225 million** was made to rural health clinics across the country today. The funds, designed to help RHCs with testing and testing-related activities, were distributed on an equal basis to nearly 4,500 clinics providing each with more than $49,000. In total, 46 Idaho RHCs received $2.3 million.

The funding was distributed by HHS' Health Resources and Services Administration (HRSA). The funds may be used for testing expenses, including planning for a testing program implementation; procuring supplies; training; and data reporting.

Updated test pricing

Yesterday, CMS updated coding and payment rate information for SARS-CoV2 testing.

Beginning in April, labs performing tests can bill Medicare and other insurers using the HCPCS code (U0001) when billing for CDC-developed tests that occurred after February 4. For non-CDC test, providers will use the code (U0002).

For high throughput testing, Medicare began paying $100 per test for services provided on or after April 14. Providers should use code (U0003) for nucleic acid testing and (U0004) for non-CDC developed tests.

CPT codes were also added in March and April - 87635 for infectious agent detection by nucleic acid tests; and 86769 and 86328 for serology tests. Laboratories performing these tests may bill Medicare for services that occurred after their respective effective dates.

Local Medicare Administrative Contractors (MACs) are responsible for developing the **payment amount** for claims they receive for these newly created HCPCS codes.

Resources & Equipment

Data reporting outline

During the first wave of the COVID-19 pandemic, fulfilling data requests from state, federal and local entities have presented challenges for hospital staff in Idaho and elsewhere.

IHA's epidemiology and quality staff members have worked closely with the Division of Public Health and the Emergency Operations Center (IDEOC) to remove duplicative efforts where possible, streamline processes between state and federal requests, and clarify reporting requirements.

The **Idaho Hospital Daily Reporting Requirements** document provides an outline of where hospitals need to regularly report data. It is critical that hospitals meet the daily reporting directives as state and federal agencies are potentially using the data to determine access to supplies and funding.

It is important to note that the document describes regular daily reporting and does not address the intermittent report requests from HHS and others.

Quality & Patient Safety

CDC supports resuming elective procedures

The CDC removed the recommendation that all elective procedures in hospitals and healthcare settings be postponed in the COVID-19 infection control recommendations. Additionally, they recommended their **Framework for Healthcare Systems Providing Non-COVID-19 Clinic Care During the COVID-19 Pandemic** document (shared in the May 14 Daily Update) for consideration in planning to resume procedures.

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