DME MACs and CMS COVID-19 Updates

Dear Valued Customer,

Change Healthcare is committed to keeping you informed regarding the ongoing publications related to COVID-19. The details are rapidly changing, and these CSAs are one way we are sharing the details that pertain specifically to our Pharmacy customers.

This notification is to inform you of the following items recently published by CMS, HHS and the DME MACs as they relate to Pharmacies.

It also contains an outline of previously published notifications to help consolidate all COVID-19 items into one reference guide.

(The below details are directly from publications provided from the above sources)

New / Updated Items of Interest

1. Medicare FFS Claims: 2% Payment Adjustment Suspended (Sequestration)

Change Healthcare Medicare MedRx has implemented the pricing adjustment which will become effective May 1, 2020. This is in response to the Section 3709 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act announcement it will temporarily suspend the 2% payment adjustment currently applied to all Medicare Fee-For-Service (FFS) claims due to sequestration. The suspension is effective for claims with dates of service from May 1 through Dec. 31, 2020.

NO Provider action is required.

2. CMS Reevaluates Accelerated Payment Program and Suspends Advance Payment Program

On April 26th, the Centers for Medicare & Medicaid Services (CMS) announced that it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program to Part B suppliers effective immediately. The agency made this announcement following the successful payment of over $100 billion to healthcare providers and suppliers through these programs and in light of the $175 billion recently appropriated for
3. Department of Health & Human Services (HHS) Provider Relief Fund – Additional Funds Available

As a reminder, the initial round (Round 1) of Provider Relief Funds have been distributed by HHS on 04/10 ($26 billion), again on 04/17 ($4 billion) and then on 04/24 ($20 billion). These funds, of course, will need to have an attestation completed within 30 days of receipt to keep the funds – or returned within the 30 days. You want to be familiar with the Terms and Conditions before attesting for the funds.

The CARES Act Provider Relief Fund Payment Attestation Fund portal is now open – and can be used to attest or return the above mentioned funds.

NEW NEWS ON THE PROVIDER RELIEF FUND – HHS has recently announced and just released an FAQ on the additional funds (Round 2) they are making available. These funds must be applied for. The below link to a FAQ document goes into great details regarding these additional funds.


Here are some highlights from the FAQ, but we also recommend you read the FAQ and the Terms and Conditions for these additional funds (which is different than the Terms and Conditions for the initial round of funds.)

1. Medicare providers who have already received a payment from the Provider Relief Fund are now eligible to apply for additional funds.
2. Conversely, providers who have NOT yet received any payment from the Provider Relief Fund should NOT use the General Distribution Portal. This latter group may be eligible for payments from the remaining funds via Targeted Distributions that have not yet been announced.
3. Apply for additional funds via the Provider Relief Fund Application Portal.
4. Need to accept the Terms and Conditions and provide specific financial information as detailed on page 2 of the attached FAQ document.
5. Before applying for Round 2 payments, need to attest to the Round 1 payments (whose Terms and Conditions continue to require some clarification from HHS).
6. HHS will be processing applications in batches every Wednesday at noon EST. Funds will NOT be disbursed on a first-come-first-served basis.
7. HHS intends to distribute additional funds within 10 business days of submission.
8. The Terms and Conditions for Round 2 are materially similar to those related to Round 1. In the last bullet, though, HHS changed “possible or actual case of COVID-19” to “presumptive or actual case of COVID-19.” There are 2 new terms and conditions related to: 1) HHS can publicly disclose the payment and that Recipient acknowledges that such disclosure may allow some third parties to estimate the Recipient's gross receipts or sales, etc. 2) Recipient certifies that all information and reports are true, accurate, etc. and further, any deliberate omissions, misrepresentations or falsifications may be punishable by criminal, civil or administrative penalties, etc.
9. Group will receive an email when their application is completed but no notification from HHS as to status once submitted.
We strongly recommend you read thru the attached FAQ document from HHS – which goes into great detail on the application process. It includes the type of information you will need for this application and instructions on how to complete.

4. COVID-19 Claims Reimbursement for Testing & Treatment of the Uninsured (Medicare, Medicaid, Commercial)

As part of the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief and Economic Security (CARES) Act, funding is being provided to help support health-care related expenses attributable to the treatment of uninsured individuals with COVID-19.

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured individuals on or after February 4, 2020, can electronically request claims reimbursement through the program and will be reimbursed generally at Medicare rates, subject to available funding.

This program is detailed on the Health Resources and Services Administration (HRSA) website at this link – https://coviduninsuredclaim.linkhealth.com/. In addition to the information on the website, HRSA will be hosting two webcasts this week to discuss the program. Follow the link to register for these events scheduled for April 29th or April 30th. The first claims can begin to be submitted on Wednesday, May 6th.

The website contains valuable information about the program and we recommend visiting the site and reading information associated with each tab as shown below.

5. Targeted Probe and Educate (TPE) Reviews Suspended

In response to the Public Health Emergency, COVID-19, Noridian has implemented the following actions pertaining to TPE reviews:

- All current TPE reviews and associated edits have been suspended until further notice.
- All pending claims were released for payment, including those in which a response was received, but a decision not yet rendered.
- Claims denied for non-response on or after March 1, 2020 were reopened for payment, regardless if an appeal had been filed.

Nurse Case Managers will continue to be the point of contact and are available to conduct educational activities upon supplier's request. Suppliers currently on TPE review can contact their Nurse Case Manager for the following:

- To receive a list of released claims.
- To schedule or reschedule education activities.
Previously Published CSAs Related to COVID-19

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Change Healthcare continues to monitor this rapidly evolving situation and will provide updates as circumstances change.

Change Healthcare is proud to be your business partner and remains committed to your success.

Thanks for your attention to this announcement,

Change Healthcare

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