

March 18, 2021

Potential Compensation Pathways from Healthcare Provisions in the American Rescue Plan

with Asbel Montes



and surprise guest:
Brian Werfel, Esq.
Werfel & Werfel, PLLC

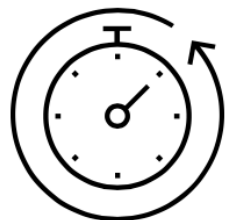


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Brian Choate
Founder/Managing Partner
Solutions Group



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Find billable insurance for self-pay patients from hundreds of payer sources.



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Address / Patient Demographic Scrubbing

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It does not constitute legal advice, nor does an attorney-client relationship exist.

If you are in need of legal advice, you should seek the help of an independent, trained and licensed attorney in your jurisdiction.

One Hundred Seventeenth Congress
of the
United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Sunday,
the third day of January, two thousand and twenty-one*

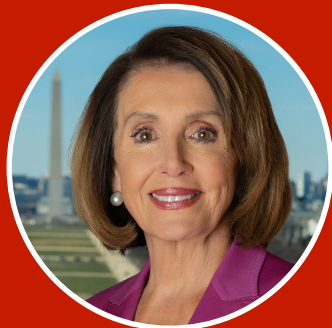
An Act

To provide for reconciliation pursuant to title II of S. Con. Res. 5.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “American Rescue Plan Act of 2021”.



American Rescue Plan Act of 2021

\$1.9 Trillion Dollar Package

- 2nd largest spending package in American History (CARES Act was #1)

3 Key Provisions

- COVID-19 Relief
- Individual Aid
- Business Aid

COVID-19 Relief-Related Activities

- \$415B for vaccination programs, COVID-19 testing and related activities
- \$360B for state, local and territorial governments economic relief, as well as provide assistance to households, small businesses, non-profits and tourism/hospitality industries.
- \$20B for public transit systems
- \$176B for education

Individual Aid

- Recovery checks to individuals within certain income thresholds, \$1,400 per individual
- Unemployment compensation benefits, \$300 per week
- Temporarily expands certain tax credits (i.e. child tax credit)
- Healthcare insurance premium assistance (COBRA, ACA plans)
- Mental Health
- Child Care
- Emergency rental, homeowner and other housing assistance

Business Aid

- \$7.25B in additional Paycheck Protection Program (PPP) funding
- \$15B in Economic Injury Disaster Loan (EIDL) assistance
- \$25B Restaurant Revitalization Fund for 2021
- \$86B to support 185 failing multi-employer pension funds
- \$10.4B to support agriculture



Targeted Healthcare Provisions

Ambulance Agencies Should Pay Close Attention

Section 2705

Grants for Health Care Providers to Promote Mental Health Among Their Health Professional Workforce

- \$40 million
- HRSA oversight
- Rural & Underserved communities
- Award grants and contracts to healthcare entities, health care provider associations, and FQHCs
- To establish, enhance, or expand evidence-informed programs or protocols to promote mental health among their providers, other personnel, and members.

Section 9811

Mandatory Coverage of COVID-19 Vaccines & Administration and Treatment under Medicaid

- Expires on year after PHE
- Prohibits cost sharing
- Covers vaccine administration
- Treatment of presumptive, suspected COVID-19 patients and preventative treatments
- 100% FMAP for states
- Secretary of HHS



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Section 9814

Temporary Increase in FMAP for Medical Assistance Under State Medicaid Plans which Begin to Expend Amounts for Certain Mandatory Individuals

- Increase FMAP by 5%
- 12 states have not expanded Medicaid
- Includes additional lives into Medicaid in almost every state if states take advantage of this section.

Section 2703

Funding for Mental Health & Substance Use Disorder Training for Health Care Professionals

- \$80 million
- Administered through HRSA
- Awards grants and contracts to health professions schools, academic health centers, state or local governments, tribal organizations, and other appropriate public or private, non-profit entities (or consortia of entities)
- Plan, develop, operate or participate in health professions and nursing training activities for healthcare students, residents, professionals....
- To address and reduce suicide, burnout, mental health conditions, and substance use disorders among health professionals.

“Community-Based Mobile Crisis Intervention Services”

Defined as “(1) furnished to an individual otherwise eligible for medical assistance under the State Plan (or a waiver) who is-

- A. Outside of a hospital or other healthcare setting;
- B. Experiencing a mental health or substance use disorder crisis;

(2) turned by a multidisciplinary mobile crisis team -

- A. Includes at least 1 behavioral health care professional
- B. Members are trained in trauma-informed care, de-escalation strategies, and harm reduction;
- C. Able to respond in a **timely manner**;

Section 1947 State Option to Provide Qualifying Community- Based Mobile Crisis Intervention Services

Section 1947

State Option to Provide Qualifying Community- Based Mobile Crisis Intervention Services

Provides -

- Screening and assessment;
- Stabilization and de-escalation;
- Coordination with, and referrals to health, social, and other services and supports as needed.

Maintains relationships with community partners, providers and managed care organizations.

Section 1947

State Option to Provide Qualifying Community- Based Mobile Crisis Intervention Services

- FMAP 85%
- Augments state initiatives regarding CBMCI, not supplants
- Appropriates \$15M to HHS to assist with implementation and administration of 1115 and 1915 waivers as submitted by states

Section 9832 Treatment in lieu of transport

Amends Section 1135(b) of the Social Security Act (Waiver Authority)

Provides mechanism for payment for treatment in lieu of transport

- 911 calls or equivalent
- Community-wide EMS protocols due to the PHE
- A0429 or A0427



What Are My Next Steps?



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Step 1: CMS must issue an 1135 Waiver



2/19/2021

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

The Administration is taking aggressive actions and exercising regulatory flexibilities to help healthcare providers contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is empowered to take proactive steps through 1135 waivers as well as, where applicable, authority granted under section 1812(f) of the Social Security Act (the Act) and rapidly expand the Administration's aggressive efforts against COVID-19. As a result, the following blanket waivers are in effect, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration. For general information about waivers, see Attachment A to this document. **These waivers DO NOT require a request to be sent to the 1135waiver@cms.hhs.gov mailbox or that notification be made to any of CMS's regional offices.**

Step 2: Community-Wide EMS Protocols

...“allow payment for ground ambulance services furnished in response to a 911 call (or the equivalent in areas without a 911 call system) in cases in which an individual would have been transported to a destination permitted under Medicare regulations (as described in section 410.40 to title 42, Code of Federal Regulations (or successor regulations)) but such transport did not occur as a result of community-wide emergency medical service (EMS) protocols due to the public health emergency” ...

Step 3: Billing Documentation



Ambulance Agency must ensure adequate accurate billing documentation.

Things To Consider

- Hospital diversion protocols due to the PHE
- State governing authority initiated protocols
- Local governing authority initiated protocols (including EMS Advisory Boards, medical societies, etc...)

Ambulance agency must be able to demonstrate implementation date through a verbal or written order. It is possible verbal orders can be demonstrated through a recorded line via the 9-1-1 or equivalent system.

How to Bill for Transports

HCPCS

- A0427 (Advanced Life Support, Emergency)
- A0429 (Basic Life Support, Emergency)
- A0425 (Mileage) - NOT APPLICABLE

MODIFIER

ET3 Model = W

PHE Waiver = ?

Documentation

- Medical Documentation (Think AMA)
- HIPAA Privacy Notice
- Signature Page
- Treatment in “lieu of transport” attestation statement

Sample Attestation Statement

EXAMPLE:

By signing below, I, insert patient name, consent that based upon the information provided regarding a community-wide protocol during the COVID-19 public health emergency qualifies my current medical condition to be treated in place and released versus transport to the nearest appropriate facility for treatment. I do understand that I maintain my right to request transport to the nearest appropriate facility.*

*This example is meant to be used for illustrative purposes only. You should seek legal counsel before using as a required element for documentation.



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Q&A Session

Enhancing Compliance and the RCM Process Through Data

April 22, 2021

11:00 - 12:30 PM CST

with Asbel Montes

Featuring Special Guest:



Angela McLain-Johnson



Brian Werfel, Esq.



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Thank You!

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