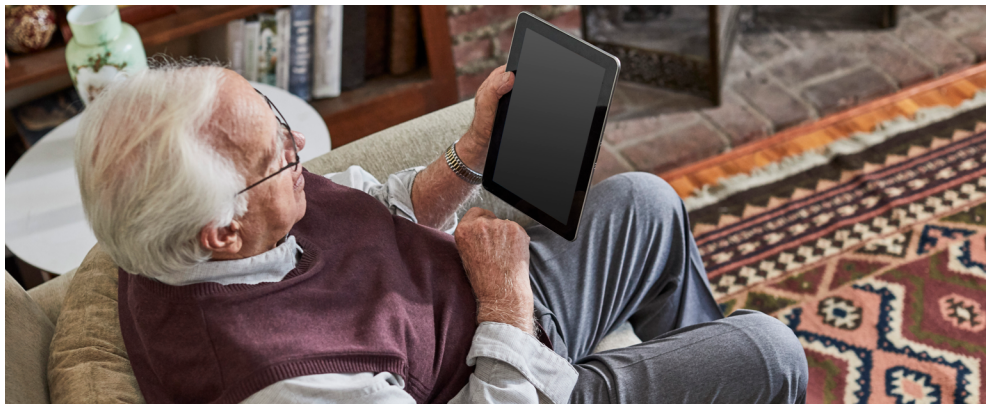


Financial resource guide

Support for your small to mid-size practice



We know your priority during the COVID-19 pandemic is the safety and well-being of your patients. These new public health challenges also impact your role as a small business owner who cares about your staff and the viability of your practice.

Over the past few weeks, many of our network providers who own small and medium-sized practices have shared the unique challenges they face as small businesses. Humana is here to support you and your practice so you can focus on caring for your patients. Humana has taken several immediate actions to help our providers streamline administrative processes and maintain financial stability during this unprecedented time, including:

- Suspended most authorizations for in-network providers
- Expanded the scope and channels for telehealth and reimbursing telehealth at the same rate as an office visit
- Suspended medical record claims review to reduce average days in receivables by 17 for claims typically requiring medical record review
- Expedited current payment practices for our value-based provider partners to include early processing of surplus-related payments, 2019 MRA accruals and 4th quarter 2019 quarterly reward program payments

This Resource Guide can also help providers address financial challenges. It summarizes regulatory guidance from the Coronavirus Aid, Relief and Economic Security (CARES) Act that is relevant to small business owners and includes actions physician practices can take to pursue financial support options enabled by the CARES Act.

These are just a few examples of how we're broadly supporting providers. If you are experiencing challenges due to disruption caused by COVID-19 that are threatening your ability to continue to care for your patients, let your Humana representative know. And as a reminder, continue to visit [Humana.com/provider/coronavirus](https://www.humana.com/provider/coronavirus) for the latest updates to policies and information related to the COVID-19 public health crisis.

On behalf of all of our Humana associates, we thank you for your commitment to the health and well-being of your patients and community. We're committed to working closely with you and appreciate the care you provide to your Humana-covered patients.

Sincerely,

William Shrank, M.D., MSHS
Chief Medical and Corporate Affairs Officer



CLICK ON ANY BOXED SECTION
TO SKIP TO THAT CONTENT

This guide is a summary for general information and discussion only. It is not a full analysis of the matters presented and may not be relied upon as legal or tax advice. Consult a lawyer or tax professional for information.



As you well know, this pandemic has significantly disrupted the healthcare industry. Physicians are being asked to delay non-essential surgeries and procedures, key practice staff have had to quarantine themselves after potential COVID-19 exposure, and some staff have been unable to work due to childcare demands. All of these circumstances impact a practice's financial performance. The recently passed CARES Act offers support to healthcare providers and small businesses like yours to address financial hardships during the COVID-19 pandemic.

CARES Act resources specific to healthcare providers include:

- **Accelerated and advance payment program for Medicare-participating providers and suppliers:** The Centers for Medicare & Medicaid Services (CMS) expanded its accelerated and advance payment program to ensure Medicare-participating healthcare providers and suppliers have the resources needed to combat COVID-19 during this public health emergency, and to remove barriers distracting from an all-important focus on patient care.

Under this program, to qualify for accelerated or advance payments, the provider or supplier must:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form
- Not be in bankruptcy
- Not be under active medical review or program integrity investigation
- Not have any outstanding delinquent Medicare overpayments

Medicare will start accepting and processing the accelerated/advance payment requests immediately. CMS anticipates that the payments will be issued within seven days of the provider's request.

[Click here](#) for an informational fact sheet on the accelerated/advance payment process and how to submit a request.

- **Provider Relief Fund:** The CARES Act's Public Health and Social Services Emergency Fund of \$100 billion provides relief to eligible healthcare providers for healthcare-related expenses or lost revenues that are attributable to COVID-19. Under this funding program, such relief may cover building or construction of temporary structures, leasing of properties, medical supplies and equipment, including personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities and surge capacity.

Eligible providers include public entities, Medicare or Medicaid enrolled suppliers and providers, and for-profit entities and not-for-profit entities that provide diagnoses, testing or care for individuals with possible or actual cases of COVID-19. This would cover a large variety of healthcare providers, including hospitals, physician practices, long-term care providers and Federally Qualified Health Centers (FQHCs).

For more information, visit the CARES Act Provider Relief Fund [website](#).



Additionally, **[\\$30 billion of the program funding is being distributed immediately](#)**, recognizing the importance of delivering funds in a fast and transparent manner to eligible providers throughout the American healthcare system. All facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for payment. These are payments, not loans, to healthcare providers, and will not need to be repaid.

Here are some key components of this immediate relief funding:

- Payments will be based upon providers' share of total 2019 Medicare FFS reimbursement
- Providers who have been allocated a payment must sign an attestation (**[using this portal](#)**) confirming receipt of the funds and agree to the terms and conditions within 30 days of payment
- Payments will be made according to providers' Tax Identification Number (TIN)
- Practices will receive the amount through the group's central office based upon TIN

Payment will be direct deposited and is not expected to be repaid if providers comply with the following **[terms and conditions](#)**:

- Recipients are prohibited from "balance billing" patients for all care for a possible or actual case of COVID-19
- Recipients must certify that the payment will only be used to prevent, prepare for, and respond to COVID-19, including healthcare-related expenses and lost revenues attributable to the virus
- Recipients must certify that they are:
 - Currently providing diagnoses, testing or care for individuals with possible or actual cases of COVID-19
 - Permitted to participate in Medicare
 - Not currently excluded from participation in Medicare, Medicaid, and other federal healthcare programs
 - Do not currently have Medicare billing privileges revoked
- Recipients must certify that they will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse
- Recipients must submit reports to ensure compliance with conditions, as well as quarterly reporting requirements for recipients receiving more than \$150,000 total in funds under the CARES Act and any other COVID-19 appropriated funds
- Recipients must maintain records and cost documentation information to substantiate reimbursement of costs and fully cooperate in all audits
- General statutory provisions in **[fiscal year 2020 Consolidated Appropriation](#)** also apply to these payments
 - e.g., none of the funds may be used to pay the salary of an individual at a rate in excess of \$197,300



- **Telehealth Program funding:** The Federal Communications Commission (FCC) released a [public notice](#) providing guidance on filing an application for COVID-19 Telehealth Program funding. This program includes \$200 million in funding to help ensure healthcare providers can deliver connected care services to patients at their homes or mobile locations in response to COVID-19.

Examples of services and devices provided include:

- Telecommunications services and broadband connectivity services, including voice services and internet connectivity
- Information services, including patient monitoring platforms and services, patient reported outcomes platforms, store and forward services (asynchronous transfer of patient images and data for interpretation, and platforms and services to provide synchronous video consultation)
- Internet-connected devices, such as tablets and smart phones for patient or healthcare providers

Eligibility and application details:

- Eligible providers who purchased telecommunications and/or telemedicine equipment after March 13, 2020, can apply for funding support for those and any subsequent purchases
- For-profit and investor-owned hospitals are explicitly excluded as eligible providers
- To apply, facilities must confirm eligibility, obtain an FCC number, and register with the System for Award Management
- Use the [online portal](#) for completing and submitting requests for funding

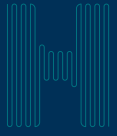


The Small Business Administration (SBA) is serving as the primary resource to administer many of the benefits to small businesses. You can find your local [SBA District Office here](#). Your SBA contact can provide you with access to programs that suit your practice's needs.

CARES Act resources specific to small businesses include:

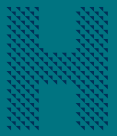
- **Financial aid to help cover the cost of retaining your clinical and office staff:** The CARES Act's [Paycheck Protection Program \(PPP\)](#) provides cash-flow assistance through 100 percent federally guaranteed loans aimed at enabling employers to maintain their payroll during this emergency. If qualifying employers maintain their payroll, some or all of the loans will be forgiven for an initial eight-week period.
The PPP is an SBA program administered by commercial banks. To learn more about the Small Business Administration Paycheck Protection Program, go to [sba.gov](#), or contact any SBA-approved lender—a list of which can be found [here](#).
- **A fast-acting relief grant for other immediate business needs:** The [Emergency Economic Injury Grant](#) provides an emergency advance of up to \$10,000 to small businesses and private nonprofits harmed by COVID-19 within three days of applying for an SBA Economic Injury Disaster Loan (EIDL). To access the advance, you need to submit a complete application for an EIDL, accurately self-certify eligibility as a covered small business, and then request the advance. The advance does not need to be repaid even if the EIDL application is later denied, and may be used to keep employees on payroll, to pay for sick leave, meet increased production costs due to supply chain disruptions or pay business obligations, including debts, rent and mortgage.
- **Tax credits to help keep employees on your payroll:** The bill's [Employee Retention Credit](#) provides a credit against the employer portion of payroll tax for eligible businesses that are forced to suspend or close operations due to COVID-19 or that experience a significant revenue decrease, and continue to pay non-working employees (and for employers with 100 or fewer full-time employees, any employees regardless of whether they continue to work). The credit is equal to 50 percent of qualified wages—up to \$10,000 in wages—for each eligible employee. However, taking advantage of these tax deferrals may limit a small business' eligibility for participation in the PPP and/or limit eligibility for forgiveness under the PPP.
- **Immediate relief from current SBA loan payments:** The Small Business Debt Relief program provides immediate relief to small businesses with non-disaster SBA loans, in particular 7(a), 504, and microloans. Under this program, the SBA will cover all loan payments on these SBA loans including principal, interest and fees for six months beginning on the date the new payment is due, including for loans currently on deferment, and for any new loans issued prior to Sept. 27, 2020.
- **Counsel from seasoned business professionals experienced in economic disaster mitigation:** [SCORE \(Service Core Of Retired Executives\)](#) provides access to remote mentoring, webinars and workshops led by executives to help businesses and practices just like yours.

CARES Act benefits available to small businesses CONTINUED



- **A small business owner's guide to the CARES Act:** The U.S. Senate Committee on Small Business and Entrepreneurship has also provided a [comprehensive guide](#) that includes frequently asked questions for your reference.
- **Additional non-SBA resources:** To provide accelerated access to financial liquidity, many financial institutions are offering business loans and lines of credit. These are non-SBA lending programs.

Resources for your employees who may become eligible for Medicaid/CHIP benefits



If employees or their families lose income and employer-sponsored health insurance coverage, they may become eligible for Medicaid or subsidies for a Health Insurance Marketplace plan. You can encourage employees to visit [Healthcare.gov](#) to learn more about eligibility criteria in their state and how to apply for the benefits, like the Children's Health Insurance Program (CHIP). Additionally, other programs, such as [Supplemental Nutrition Assistance Program \(SNAP\)](#), Housing Assistance, and Child Care Assistance may be available.

Immediate actions Humana has taken to provide financial relief



To help alleviate some of the financial pressures providers are facing during the public health crisis, Humana made changes to claims review to reduce administrative requirements and modified our telehealth policies so providers can bill for virtual appointments just like typical in-office visits. We will continue to reassess the need for changes to these policies as the COVID-19 public health crisis evolves and circumstances change.

Suspension of pre- and post-paid claim reviews

- Effective April 1 2020, Humana will suspend all medical records requests for pre- and post-paid claim review processes for individual and Group Medicare Advantage, Commercial Group, and Medicaid. This suspension applies to all professional and facility claims from in-network and out-of-network providers.
- Humana will release any claims currently under medical record review as of April 1, 2020 and issue payment to providers.



Suspension of Medicare sequestration

The CARES Act includes provisions to temporarily suspend the Medicare sequester between May 1, 2020, and Dec. 31, 2020. During this time, Medicare plans will not have CMS premium and fee-for-service claim payments reduced, as they are currently. It is expected sequestration will return in 2021.

Temporary expansion of telehealth service scope and reimbursement rules

To support providers with caring for their Humana patients while promoting both patient and provider safety, we have updated our existing telehealth policy. At a minimum, we will always follow CMS telehealth or [state-specific requirements](#) that apply to telehealth coverage for our insurance products.

- To ease systemic burdens arising from COVID-19 and support shelter-in-place orders, Humana is encouraging the use of telehealth services to care for its members. Please refer to CMS, state, and plan coverage guidelines for additional information regarding services that can be delivered via telehealth.
- We will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits. In order to qualify for reimbursement, telehealth visits must meet medical necessity criteria and all applicable coverage guidelines.
- We will continue to waive our members' cost share for telemedicine visits with participating in-network providers until further notice. Note that some commercial members may be part of an Administrative Services Only (ASO) plan that has opted-out of waiving cost-share requirements. While this will not impact your reimbursement, it means that some members may be responsible for additional costs.
- Humana understands that not all telehealth visits will involve the use of both video and audio interactions. For providers or members who don't have access to secure video systems, we will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits. Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit.
 - Check [CMS Telemedicine Fact Sheet](#) for guidelines or the [applicable state-specific rules](#) for the most updated list of distant site practitioners
 - Check Humana's latest updates on [telehealth policies](#)
- Both participating/in-network primary and specialty providers can render care using telehealth services, provided that CMS and state-specific guidelines are followed.
- For telehealth visits with a specialist, members are encouraged to work with their primary care physician to facilitate care coordination.



Find out more regarding COVID-19 and the expanded access to telehealth services by visiting:

Humana

- [Humana Telehealth Policy updates](#)
- [Telehealth Frequently Asked Questions to support physicians working with Humana](#)

HHS

- [Notification of Enforcement Discretion for Telehealth](#)

CMS

- [CMS Telehealth Services Fact Sheet](#)
- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [CMS Current Emergencies site](#)

AMA

- [AMA's COVID-19 Resource Center for Physicians](#)
- [AMA STEPS Forward Module on Telemedicine](#)
- [AMA quick guide to telemedicine in practice](#)

Additional

- [CCHPCA Summary of Covid-19-Related State Actions](#)