

From: [Georgia Maheras](#)
To: [Georgia Maheras](#)
Subject: Bi-State Business Bulletin - Spring Edition
Date: Wednesday, April 28, 2021 08:58:00
Attachments: [FY20 Hazard Pay Policy APPROVED 2020 06 01 - HR.docx](#)

Dear CFOs and CEOs,

This email contains financial/business-focused information. Our archive of past bulletins can be found [here](#).

Thank you to all the CFOs and CEOs who have been attending our CFO drop-in meetings. We meet again on 5/20/2021 at 1:30.

Toplines from this week include an extension for the application date (now 5/27!) to the National Health Service Corps Loan Repayment Program, 340B twists and turns, and Paid Leave Tax Credit information.

Today's PSA: It's tick season! We know that the snow is barely melting, but the ticks are already out in full force.

Thanks,
The Bi-State Team

[GENERAL](#)

[340B: HHS Update](#)

[Application Windows Open for Various NHSC Programs](#)

[COBRA/ACA Coverage for the Unemployed](#)

[Paid Leave Tax Credit](#)

[OIG Audits Announced](#)

[VERMONT](#)

[VT 340B](#)

[SPECIAL SECTION: CURES ACT](#)

[APRIL CFO MEETING NOTES: 4/15/21](#)

GENERAL

340B: HHS Update

HHS is currently considering "additional options for agency enforcement of the 340B statute" (no details yet on those options). Additionally, HRSA has forwarded a list of appointees to the Administrative Dispute Resolution Board to the HHS Secretary. The next step would be for the Secretary to approve this list allowing the new ADR Board to start working on the cases that are pending. While this is ongoing, there are still numerous court cases pending (including the District Court ruling prohibiting HRSA from implementing or enforcing the ADR regulation against Eli Lilly) and it is likely that HRSA will need to go through a new regulatory process for the recently enacted

ADR process.

To support all of this action, it is helpful for 340B covered entities to frequently submit forms to HRSA (340Bpricing@hrsa.gov) documenting their inability to obtain 340B priced drugs from contract pharmacies (let us know if you need the template forms). *Thanks to Colleen Meiman for the information provided for this update.*

Application Windows Open for Various NHSC Programs

HRSA is seeking applications for “the largest class of clinicians in program history for both the NHSC and Nurse Corps.” The ARPA provided HRSA’s Bureau of Health Workforce with \$800 million in one-time funding for the National Health Service Corps, and \$100 million for the Nurse Corps. This funding more than doubles the programs’ annual budgets, so BHW is seeking to recruit “the largest class of clinicians in program history”.

In order to optimize your chances of getting a clinician placed through the NHSC, we recommend that you post as many jobs as you can to the HRSA Connector portal. *Please let Stephanie Pagliuca know if you need technical assistance or have any difficulty with the system (spagliuca@bistatepca.org).*

BHW opened the application window for each of the following programs:

- The [NHSC Loan Repayment Program](#) (NHSC LRP) awards up to \$50,000 in exchange for a two-year commitment to provide primary medical, dental or mental/behavioral health care at approved sites in high-need, underserved areas. NHSC LRP recipients are also eligible to extend their service and potentially pay off all of their educational debt with [continuation contracts](#). This application deadline was extended to 5/27!
- The [NHSC Substance Use Disorder Workforce Loan Repayment Program](#) provides up to \$75,000 in exchange for a three-year commitment to health care professionals who provide substance use disorder (SUD) treatment services at NHSC-approved SUD treatment facilities. Clinicians with [DATA 2000](#) waivers can receive award preference.
- Providers in rural communities may apply to the [NHSC Rural Community Loan Repayment Program](#), which awards up to \$100,000 for three years of service. Clinicians employed at an NHSC-approved [Rural Communities Opioid Response Program](#) Consortium member facility are eligible for award preference.
- The [NHSC Scholarship Program](#) provides funding for health professional students studying to become physicians, dentists, nurse practitioners, nurse midwives or physician assistants who are dedicated to practicing in underserved communities. In exchange, they commit to serve a minimum of two years in high-need, underserved communities. Scholars receive one year of financial support for each year of service at an NHSC-approved site (up to four years).
- The [Nurse Corps Scholarship Program](#) provides financial support to students enrolled in nursing degree programs. In exchange, participants commit to serve in high-need areas across the country.

To learn more about HRSA's Bureau of Health Workforce Programs, visit <https://bhw.hrsa.gov>.

COBRA/ACA Coverage for the Unemployed

The American Rescue Plan provides 100% subsidies for the COBRA costs for qualified persons. These qualified individuals are those who lost their employers-sponsored coverage due to COVID-19 and have not yet been offered insurance by another employer. Additionally, ARPA provides a free ACA 'silver' plan for anyone who has received unemployment benefits in 2021. The U.S. DOL has additional information [here](#).

There is state-specific information from the [NH Department of Insurance](#) and the [VT Department of Financial Regulation](#) (also, your insurance broker should have information for you).

Paid Leave Tax Credit

On April 21st, President Biden announced (the IRS fact sheet is [here](#)) that he was implementing a paid leave tax credit to all small employers (<500 employees) effective 4/1/21-9/30/21. The tax credit offsets the cost of providing employees with paid leave for the following: vaccination and after effects, quarantine due to COVID-19, or caring for a child whose school/care provider closed due to COVID-19 (Treasury has a fact sheet [here](#)). This tax credit also applies to non-profits (the deduction is off of the Medicare contribution).

OIG Audits Announced

As anticipated, the OIG has formally announced that they will be auditing the supplemental funding provided to health centers in 2020.

VERMONT

VT 340B

Vermont Medicaid is no longer pursuing changes to the 340B program (they were proposing to completely carve out 340B). Any entity who wishes to enroll in Vermont Medicaid's 340B program may enroll. Enrollment instructions are here: <http://vtmedicaid.com/#/forms> (pull down 340B).

SPECIAL SECTION: CURES ACT

The 21st Century CURES Act went into effect earlier this month. You are able to use H8F funds to support compliance with this Act. If you are interested in learning more on this, Feldesman Tucker is hosting a webinar series on 5/5 and 5/19. Information and registration is [here](#). Bi-State also has a two part training available on the On-Demand Basecamp on the CURES Act.

Thanks to Colleen Meiman for the following information:

[INFORMATION-BLOCKING RULES FROM THE 21ST CENTURY CURES ACT: COMPLIANCE AND ENFORCEMENT \(As of 4/22/2021\)](#)

What rules from the 21st Century CURES Act went into effect on April 5, 2021?

The CURES Act prohibits health care providers from "information blocking" – meaning blocking access to or the exchange of health information. ONC [released a final rule in March 2020 implementing](#) this prohibition, and listing eight exceptions for when blocking is permissible. The rule was initially slated to go into effect in November 2020, but because of the pandemic, the data blocking provisions [were pushed back to April 5, 2021](#). While many people were surprised that the

effective date was not further delayed until after the pandemic ends, the rule is now officially in effect.

What is information blocking?

Information blocking is any practice that makes it harder to get access to, exchange, or use Electronic Health Information (EHI). EHI can be blocked in a variety of ways-- some overt and some more subtle – such as through use of proprietary software and message standards, siloed databases, onerous procedures, and costs for fulfilling data requests.

How complicated is it for CHCs to comply with these new info-blocking rules?

It is very complicated, as there are substantial legal, technical, training, and policy issues involved. Also, many providers are concerned that CMS has yet to issue guidance that is sufficiently detailed to enable them to ensure compliance. For example, providers have stated that they are uncertain about what situations constitute information blocking, and about the detail of how the eight exceptions to the info-blocking ban apply.

Some of the non-technical tasks that CHCs must undertake include updating their data sharing and privacy policies, and training providers and staff on the new policies, including how they interact with HIPAA.

As of 4/22, it appears that some CHCs have gotten the tools needed to comply with the info-blocking rule from their HCCNs. However, other CHCs are relying on their EHR vendors, and that quality of that support can be highly variable.

How is compliance with the new rule being enforced?

At present, HHS has no mechanism to force health care providers to comply with the new rule. They have yet to issue a proposed rule implementing penalties for non-compliance, and a final rule must be published before such penalties can be imposed. (Note that HHS is expected to finalize a rule soon that will impose financial penalties on non-compliant HIT companies and Health Information Exchanges (HIEs) – but this rule will not impact providers.)

To what extent are health care providers complying with the new requirements?

Given the lack of penalties for non-compliance, it is not surprising that compliance among health care providers is far from perfect. According to a survey from Life Image, a network for clinical and imaging data, as of early April, 70% of leaders from provider, payer, HIT and other organizations knew about the information blocking rules. But nearly half of the respondents hadn't made any changes to comply with the rule or didn't know how to comply.

Where can we get more information about the new data-blocking requirements?

- This site has some general information: <https://www.lifeimage.com/solutions/provider-exchange/onc-compliance>
- The American Medical Association has issued a brief entitled [“How do I comply with info blocking and where do I start?”](#)
- HHS has extensive FAQs available here: <https://www.healthit.gov/curesrule/resources/information-blocking-faqs>

APRIL CFO MEETING NOTES: 4/15/21

Georgia's Two Things:

- H8F: health centers should have received their NOAs for the H8F funding. There is also some great information about allowable expenses on HRSA's website. The funding is for COVID response and recovery.
 - Dental expansion is within scope and is an allowable expense (on recovery side).
 - Now have 60 days (not 30) to submit budgets – deadline is May 31, 2021 – Be aware this is Memorial Day so you will want to submit early to ensure it is not late. *You can also request a 30-day extension to submit this budget.*
 - Question: Does anybody have a sample policy for hazard/bonus pay?
 - Laura Dale (The Health Center) has policy and is willing to share. *This is attached.*
 - There will be another HRSA/BPHC call related to H8F on April 28th at 2pm. Call will focus more on eligible uses of H8F funding. Bi-State will have a brainstorming session on the 27th to come up with additional ideas for use of funds.
- PRF: still no reporting deadline, but they have opened up the registration portion of the reporting site. Check it out, but you might not want to register yet since we don't know how the system works completely and it may be hard to fix things later.

Mary Dowes' Updates:

- Federal Audit Clearinghouse Guidance has been extended by 6 months as a result of the Provider Relief Fund (could be longer)
- Reminder – 60 day extension on submission of Medicare cost reports
- There is an opportunity to submit an advanced reimbursement request from Medicare for vaccine administration costs (2 methods)
 - Use most recent filed cost report (which may not account for increased costs); or
 - Do a 60-90 day current cost report to come up with total cost (will account for full cost but is more time intensive)
 - May want to use this method if you have incurred significant COVID costs
- A bill extending the Medicare delay on 2% sequestration to December 31, 2021 was passed and is awaiting President Biden's signature
 - Delay is as a result of the pandemic
 - Some may still be paying 2% charge on Medicare claims though it should have been on hold starting in the Spring of 2020 (March/April). Should work with billing department to make sure it is not happening.
- PPP – Forgiveness process has been slower than expected. Only about 2% of PPP loans over \$2M have been forgiven.
 - Despite having strong rationale for loan forgiveness, there is significant concern that loans will not be forgiven.
 - Timeline for forgiveness – Available at any point through the maturity date of the note
 - Payment deferral – Stops 10 months after the covered period ends. Covered period is

anywhere between 8-24 weeks. Should continue to make payments even if forgiveness application is submitted.

- Question/Concern: How is the SBA interpreting the loan forgiveness questionnaires? Don't know of any (over \$2M) that have been forgiven.
 - Bi-State will take a closer look at this issue.

Other Miscellaneous:

- Medicare Advance Payments – Understanding is that repayment is happening, but not sure it has started. It is unlikely that there will be an extension. Bi-State will follow-up to get additional information.
- Reminder – Bi-State is having Health Management Associates (HMA) present at upcoming CEO Drop-In Calls (4/20 and 5/4). Sessions are on value-based care and reimbursement in FQHCs. Encourage CFOs and others to participate,
- COBRA Related Issues
 - Employee termination is a life changing event that allows employee to choose different health plan. This could have an impact on employer.
 - Question: Do employees terminated for cause qualify for the COBRA program?
 - They do typically qualify under the traditional COBRA program. Mary Doves to follow-up and seek clarity on the question.
- 2021 Bi-State Primary Care Conference session from Capital Link (Virtual – May 18/19)
 - Session is timed to be in advance of the upcoming HRSA/BPHC capital awards to assist in planning
 - Awards are available to all FQHCs automatically...though they can be refused
 - Bi-State will follow-up to determine if FQHC LAL's are eligible
- Question: With increased reporting requirements due to new funding sources, there is a need to enhance time and effort reporting capabilities. Does anybody have a good T&E electronic system that is meeting their needs?
 - Janet Langlois at Amoskeag has new EHR with workforce management component (UKG) that is okay. There are a few pitfalls but they have been making it work (still learning). Janet is willing to share information on the system for those interested.
 - Companies are starting to make T&E reporting systems for mid-market. Still pricey, but now more affordable.
- Round 2 of FCC Telehealth Funding – Portal will be open on April 29th. There will be one week to submit for those interested.

Georgia J. Maheras, Esq.
Vice President of Policy and Strategy
Bi-State Primary Care Association

gmaheras@bistatepca.org

802-229-0002 ext. 218

857-234-5171 (cell)

Join us for our 2021 Primary Care Conference: Growing and Thriving in a Post-COVID Landscape on May 18 & 19, 2021. Registration Open here: https://bit.ly/2021_PCC.

Mask Up!



The information in this email may be confidential and/or privileged and is intended for review by only the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or of the information contained therein, is prohibited. If you have received this email in error, please immediately notify the sender by return email and delete this email and attachments, if any, from your system.