

Frequently Asked Questions

(UPDATED: April 7, 2020)

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What's the process under the CARES Act for deferral of payment of employer payroll tax? (4/2/2020)

The CARES Act will allow employers (and self-employed individuals), to defer paying their portion of the Social Security payroll tax (6.2 percent) otherwise due with respect to wages accrued between March 27, 2020 and December 31, 2020. The deferred amounts will ultimately have to be paid to the U.S. Treasury in two installments. Half of the deferred amount of payroll taxes from 2020 will be due December 31, 2021, with the remaining half due December 31, 2022.

For more information, please contact [Joe Letnaunchyn](#).

Under the CARES Act, what is the criteria that AHA is recommending be used to distribute federal dollars to hospitals? (4/2/2020)

An [AHA letter](#) dated March 31 to HHS Secretary Azar and CMS Administrator indicated that the AHA was seeking immediate payments of \$25,000 per bed to all hospitals, and \$30,000 per bed for those hospitals in areas designated as "hot spots".

For more information, please contact [Joe Letnaunchyn](#).

Are county owned/government owned hospitals eligible for funding under the SBA? (4/2/2020)

The eligibility issue for hospitals with fewer than 500 employees through the Small Business Administration (SBA) loan forgiveness program is still not confirmed, but all of our research, and that from the AHA indicates that you need to have a 501 (c) (3) IRS designation to be eligible for such loans. Additionally, it appears that this issue may be addressed and resolved in the next bill for funding for COVID-19.

For more information, please contact [Joe Letnaunchyn](#).

What about SBA funding for CAH's part of a larger healthcare system? (4/2/2020)

During the AHA webinar on April 7 presented by the Law firm of Jones Day, the following answer was provided to participants related to the affiliation question:

“Concerns and entities are affiliates of each other when one controls or has the power to control the other, or a third party or parties controls or has the power to control both. It does not matter whether control is exercised, so long as the power to control exists....SBA considers factors such as ownership, management, previous relationships with or ties to another concern, and contractual relationships, in determining whether affiliation exists.” 13 CFR 121.103(a).

For more information, please contact [Joe Letnaunchyn](#).

What is the guidance regarding long-term care residents being tested at the hospital before returning to the nursing home? (4/2/2020)

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) issued new recommendations to State and local governments and long-term care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19). The April 2nd guidance from the CDC is available [here](#).

For more information, please contact [Joe Letnaunchyn](#).

Is there any clarity surrounding hospitals accessing both the Emergency Disaster funding and the Advance Payment Program? (4/2/2020)

There does not appear to be any conflict between these two programs. One is a loan forgiveness program, and the advance payment program must be repaid back to Medicare.

For more information, please contact [Joe Letnaunchyn](#).

Will both the technical and professional components be paid for telehealth under the CMS blanket waiver? (3/26/2020)

The Centers for Medicare and Medicaid Services (CMS) issued an Interim Final Rule with comment (IFC) in response to the COVID-19 national health emergency declaration. The IFC is effective March 1, 2020 and is in concert with the blanket waivers issued by CMS. Please click [here](#) to view the document *CMS Telehealth Rule and Guidance During Pandemic*.

For more information, please contact [Carol Haugen](#).

Can we shift group behavioral health to telehealth? (3/26/2020)

Two documents are provided to members to assist in decision making about the question. First, [OIG FAQ's](#) cover the waiver of HIPPA requirements; however, we direct you to questions #7 and #10 in designing or implementing a group behavioral health telehealth session. The second document will provide [additional guidance on telehealth](#).

For more information, please contact [Carol Haugen](#).

How are uninsured patients treated under WV Medicaid? (3/26/2020)

WV Medicaid will provide coverage for all uninsured COVID-19 patient testing and treatment. Please see the information below for specific billing instructions:

[BMS Provider Announcement Coronavirus Testing](#)

[Memo: WV MEDICAID Limited Coverage to Non-Insured Patients Experiencing Symptoms Related to COVID-19 infection](#)

[Memo: Coronavirus disease \(COVID-19\) Testing and Treatment](#)

At this time, billing is manual and would be directed to DXC, WV Medicaid's fiscal intermediary.

For more information, please contact [Carol Haugen](#).

What's the status of the 2% sequester under the Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R.748)? (3/26/2020)

The legislation removes the Medicare sequester from May through December 2020.

For more information, please contact [Joe Letnaunchyn](#).

What are the changes from CMS that allow for Critical Access Hospitals (CAH) to respond to COVID-19? (3/26/2020)

Critical Access Hospitals (CAH) generally have 25 beds and an average length of stay of no more than 96 hours. However, CMS, through the COVID 19 Emergency Declaration, 1135 wavier, has waived the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours. For more information on the COVID-19 Emergency Declaration see [CMS COVID-19 Emergency Declaration Health Care Providers Fact Sheet](#).

For more information, please contact [Dianna lobst](#).