

Notes from CMS Phone Call at 5:00 PM Eastern Time

3/31/2020

Here are my notes from the CMS Stakeholder Phone call today at 5:00 PM Eastern time.

1. If an accelerated payment by CMS is not completely paid back within the time limit of 210 the interest rate is statutorily set at 10.25%
2. If a rural hospital is less than 50 beds and have a provider-based RHC there is a worry that when the hospital readies itself for a patient surge it may go over 50 beds and lose its exemption from the cap. CMS is working on a waiver for this situation, but it is not in place yet is my understanding.
3. **The distant site RHC payment rollout is high on their priority list; however, there are some issues that they are working on before they are ready to go.** Sound like it may a couple days before we know anything. (Mark, stop refreshing <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center> every five minutes)
4. A patient can present in an Emergency room in an EMTALA situation for triage and the provider can use telemedicine to evaluate the patient in order to protect the provider and PPE currently.
5. When asked if this same situation (4 above) would apply in a rural health clinic, CMS said this should apply in all situations and they would go back and work on the language.

Thank you for reading this document. We will add to it as we find out more. If you have corrections, additional questions, or want to elaborate on any of the information, please let us know by emailing Mark Lynn at marklynnrhc@gmail.com. To keep up with the latest information, join our Facebook Group at <https://www.facebook.com/groups/1503414633296362/> and we will post daily updates on our website at <http://www.ruralhealthclinic.com/covid19>. Best wishes and stay safe.