

# Phase Into The New Normal: ATHOMES and ACMESA Webinar



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# Mark's Commentary on the “timeline” and Government's evolving guidance on when Americans can return to work

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# Introduction...

As you are now aware, The Senate on Tuesday passed a nearly \$500 billion coronavirus "Phase 3.5" relief bill that would replenish a small business rescue program known as the Paycheck Protection Program (PPP), the "EIDL" Loan Advance and provide healthcare entitles – *including DMEPOS suppliers* - with another \$75 billion and implement a nationwide virus testing program to facilitate reopening the economy.



The new deal, which came after days of delays driven by Democrats' demands, would provide more than \$300 billion for the PPP. \$60 billion or so was to be set aside -- and divided equally -- for smaller banks and community lenders that seek to focus on under-banked neighborhoods and rural areas.

Another \$60 billion would be available for a small-business loans and grants program delivered through an existing small-business disaster aid program, \$10 billion of which would come in the form of direct grants.



- John and Craig will offer more details and comments shortly.
- In the meantime, let's take a look at where your respective states are with regard to some semblance of “getting back to work”...



# Whitehouse coronavirus plan: What are the 3 phases?

- The Trump administration has issued new guidelines for states, individuals and employers on how to gradually revive activity and ease up on social distancing in areas where coronavirus cases are on the decline.
- The guidelines, recently distributed to governors are published under the headline “Opening Up America Again.” They follow concerns voiced by President Trump about the need to get more people back to work and to shopping as millions of Americans lose their jobs.
- Let’s look at the guidelines now:



# Before phase one...What states or regions must do before proceeding to a phased opening of their economies:

- Among the boxes that must be checked are a decline of documented COVID-19 cases within a 14-day period and a robust testing program in place for at-risk healthcare workers.
- Other criteria include a decline of influenza-like illnesses reported within a 14-day period and hospitals having enough protective gear for their workers and enough beds, ventilators and other needed supplies to treat all patients.





# Phase one...

- The guidance affects certain employers differently. For example, schools and organized youth activities that are currently closed, such as day care, should remain closed.
- The guidance also says that bars should remain closed. However, larger venues such as movie theaters, churches, ballparks and arenas can operate but under strict distancing protocols. If possible, employers should have workers return to the job in phases.
- Also under phase one, vulnerable individuals such as older people and those with underlying health conditions should continue to shelter in place. Individuals who do go out should avoid socializing in groups of more than 10 people in places that don't provide appropriate physical distancing. Trade shows and receptions are cited as examples.



- Also under phase one, vulnerable individuals such as older people and those with underlying health conditions should continue to shelter in place.
- Individuals who do go out should avoid socializing in groups of more than 10 people in places that don't provide appropriate physical distancing.
- Trade shows and receptions are cited as examples.
- The guidelines also recommend minimizing nonessential travel during phase one.



## Phase two...

- The guidelines say nonessential travel can resume, however all vulnerable individuals should continue to shelter in place. When people go out in public, they should avoid social settings with more than 50 people when appropriate physical distancing is not practical.
- Employers in phase two are asked to continue to encourage telework when possible and to close common areas where personnel are likely to congregate or they should enforce “moderate social distancing protocols.”
- Schools and day care can reopen. Bars may open but should leave less room for people to stand around when possible.



## Phase three...

- In this phase, vulnerable individuals can resume going out in public but should practice physical distancing.
- Visits to senior care centers and hospitals can also resume, though those who interact with residents and patients must remain diligent about following good hygiene practices, namely washing their hands frequently.
- Meanwhile, low-risk populations should consider minimizing time spent in crowded environments. Employers can resume unrestricted staffing of work sites.



- There is no set timeline for moving through each of the three phases.
- That will be up to the governors.
- However, before a state or region moves on to the next phase, it would have to experience another 14-day decline in documented cases.
- Yesterday the director of the US Centers for Disease Control and Prevention warned a second wave of the coronavirus this year could be worse because it will coincide with flu season.



Non-Essential Businesses  
Ordered Closed



Stay At Home Orders



Additional Business  
Restrictions



Mass Gatherings



Legislatures Affected



Paid Leave & Worker Protection



Here is a useful tool for every state!!

- <https://www.stateside.com/blog/2020-state-and-local-government-responses-covid-19>



North Carolina	Executive Action	Executive Order No. 116	Governor Roy Cooper (D) has declared a state of emergency. The order prohibits price gouging. The order suspends and waives transportation requirements.	Active
North Carolina	Executive Action	Mass Gatherings – Executive Order No. 117 (amended) / Executive Order No. 120(amended) / Executive Order No. 121	<p>Governor Roy Cooper (D) has prohibited mass gatherings that bring together more than 10 people in a single room or space, such as an auditorium, stadium, arena, large conference room, meeting hall, theater, or other confined indoor or outdoor space, including parades, fairs and festivals. Bingo halls, bowling alleys, indoor exercise facilities, pools, performance venues, theaters, spas, gaming establishments, barber shops, beauty salons, nail salons, massage parlors, tattoo parlors must close.</p> <p>Does not include airports, bus and train stations, medical facilities, libraries, shopping malls and spaces where people may be in transit. Office environments, restaurants, factories, or retail or grocery stores are also excluded.</p>	Active
North Carolina	Executive Action	School Closures – Executive Order No. 117 (amended) / Executive Order No. 120	Governor Roy Cooper (D) has ordered all public K-12 schools to close through May 15.	Active
North Carolina	Executive Action	Retail Closure; Mass Gatherings – Executive Order No. 118	<p>Governor Roy Cooper (D) has ordered all restaurants and bars to close for dine-in consumption. Take-out and delivery will be available.</p> <p>The order restricts mass gatherings mentioned in No. 117 down to less than 10 people.</p> <p>The order directs the Department of Commerce to ensure people are eligible for unemployment benefits to the maximum extend allowed.</p>	Active



North Carolina	Executive Action	Executive Order No. 119 - COVID-19 Task Force	<p>Governor Roy Cooper (D) declared a state of emergency to take appropriate actions necessary to promote and secure the safety and protection of the state. The order waives the maximum hours of service for drivers if the driver is transporting medical supplies and other needed equipment.</p> <p>The order encourages the Attorney General to use all resources available to monitor reports of abusive trade practices including price gouging.</p> <p>The order encourages private labs and universities to take all reasonable steps to expand COVID-19 testing capacity.</p> <p>The order waives restrictions related to products or chemicals used to control COVID-19 at facilities regulated by NCDHHS.</p> <p>The order waives state licensure requirements for health care and behavioral health care personnel. The order directs the Department of Insurance to work with plans operating in the state to identify burdens for testing for COVID-19 as well as access to prescriptions drugs and telehealth services to reduce cost-sharing to zero for screening and testing. The order creates coverage policies necessary for Medicaid and Health Choice Beneficiaries to receive medically necessary services.</p> <p>The order also established a COVID-19 task force. The task force will work with state, local, and federal partner in response to COVID-19.</p>	Active
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Tennessee	Executive Action	Retail Closure; Mass Gatherings - Executive Order No. 17	<p>Governor Bill Lee (R) has banned gatherings of 10 or more people.</p> <p>The governor has ordered restaurants and bars to cease on-premise dining. Take-out and delivery is available.</p> <p>The order closes gyms and fitness centers.</p>	Active
Tennessee	Executive Action	Executive Order No. 18 (amended) / Executive Order No. 25	<p>Governor Bill Lee (R) issued an order temporarily suspending non-emergency healthcare procedures.</p> <p>Governor Bill Lee (R) has issued an order amending EO 18 by suspending any non-emergency dental or oral procedures, clarifying non-emergency healthcare procedures, and requesting non-hospital healthcare providers impacted by the order to provide necessary PPE to the Tennessee Emergency Management Agency.</p>	Active
Tennessee	Executive Action	Executive Order No. 19	Governor Bill Lee (R) issued an order temporarily suspending statutes surrounding drivers licenses and motor carriers.	Active
Tennessee	Executive Action	Executive Order No. 20	Governor Bill Lee (R) issued an order suspending healthcare requirements around education and retired medical professionals. It also expands telemedicine efforts.	Active
Tennessee	Executive Action	Executive Order No. 21	Governor Bill Lee (R) has extended Executive Order No. 17 to include closure of organizations that perform close-contact personal services, such as personal care professions and entertainment venues.	Active
Tennessee	Executive Action	Stay ay Home Order; Non-Essential Business Closure - Executive Order No. 22 (extended) / Executive Order No. 27	<p>Governor Bill Lee (R) has issued a Stay ay Home order. Non-essential businesses must close.</p> <p>Essential Businesses include healthcare operations; human services operations; critical infrastructure; critical trades; food and medicine stores; media; gas stations; hardware stores; shipping and logistics; laundry services; and more. Refer to Order.</p> <p>This order has been extended until April 30 by EO 27.</p>	Active

Virginia	Executive Action	Declaration of State of Emergency	Governor Ralph Northam (D) declared a state of emergency in response to COVID-19.	Active
Virginia	Executive Action	Mass Gatherings – Governor's Directive	Governor Ralph Northam (D) has announced a statewide ban on all public events of more than 100 people.  He encouraged residents of the peninsula to avoid going out at all. This was announced at a press conference. No textual document is available.	Active
Virginia	Executive Action	Governor's Directive	Governor Ralph Northam (D) has directed the Commissioner of the Virginia Employment Commission to waive the one-week waiting period for unemployment benefits.	Active
Virginia	Executive Action	Retail Requirements – Governor's Directive	Governor Ralph Northam (D) has restricted the number of patrons allowed in permitted restaurants, fitness centers, and theaters to 10 or less.	Active
Virginia	Executive Action	School Closures	Governor Ralph Northam (D) has ordered all K-12 schools, statewide, to close for the schoolyear. This was announced at a press conference.	Active
Virginia	Executive Action	Governor's Directive	Governor Ralph Northam (D) has issued an order that gives hospitals and nursing homes more flexibility to add the beds.	Active
Virginia	Executive Action	Governor's Directive	Governor Ralph Northam (D) and State Health Commissioner M. Norman Oliver, directed all hospitals to stop performing elective surgeries or procedures to help conserve supplies of personal protective equipment (PPE).	Active



<b>West Virginia</b>	Executive Action	Executive Order No. 14-20	Governor Jim Justice (R) has issued an order requiring individuals who are travelling from Louisiana, New York, New Jersey, Connecticut, Italy, and China to isolate for a period of fourteen days upon entry to West Virginia. These individuals may travel to seek essential such as food and medical attention.	Active
<b>West Virginia</b>	Executive Action	Executive Order No. 15-20	Governor Jim Justice (R) has issued an order redirecting private campgrounds to prohibit new out-of-state campers.	Active
<b>West Virginia</b>	Executive Action	Executive Order No. 16-20	Governor Jim Justice (R) has issued an order suspending all elective medical procedures.	Active
<b>West Virginia</b>	Executive Action	Executive Order No. 17-20	Governor Jim Justice (R) has signed an executive order that suspends several statutory regulations that are preventing medical providers from best responding to the COVID-19 pandemic and assisting the citizens of West Virginia.	Active
<b>West Virginia</b>	Executive Action	Executive Order No. 18-20	Governor Jim Justice (R) has signed an executive order postponing the upcoming primary until June 9.	Active
<b>West Virginia</b>	Executive Action	Executive Order No. 19-20	Governor Jim Justice (R) has signed an executive order suspending myriad of regulatory statutes for the duration of the State of Emergency. Refer to Order.	Active
<b>West Virginia</b>	Executive Action	Mass Gatherings; Business Closures - Executive Order No. 20-20	<p>Governor Jim Justice (R) has ordered Berkeley, Jefferson, and Morgan counties to limit groups to a maximum of 5 people.</p> <p>The order directs all businesses to require employees to work from home to the maximum extent possible.</p> <p>The order directs the Local Health Departments to establish the maximum occupancy of and proper social distance within essential businesses and taking action to enforce these health regulations. The order directs the West Virginia National Guard to provide logistical support and services to assist county agencies. The order directs the West Virginia State Police to assist with enforcement of local county orders.</p>	Active

- Health officials are warning states not to reopen businesses or allow large gatherings too quickly, for fear of a resurgence of COVID-19 cases. But governors are under pressure to stimulate local economies that have been hit hard by closures.
- Many states plan a phased approach to reopening in an effort to balance priorities.
- Here are the reopening timelines announced so far by Tennessee, North Carolina, West Virginia and Virginia...





- Tennessee's stay-at-home order expires until April 30. Gov. Bill Lee (R) said Monday that "the vast majority of businesses" would be allowed to re-open on May 1. He has asked that all public schools remain closed for the rest of the school year, although each individual district has to adopt his recommendation. Most businesses in 89 of the state's 95 counties will be allowed to re-open

"Our Economic Recovery Group is working with industry leaders around the clock so that some businesses can open as soon as Monday, April 27," said Gov. Lee. "These businesses will open according to specific guidance that we will provide in accordance with state and national experts in both medicine and business."

The Lee Administration will work with Shelby, Madison, Davidson, Hamilton, Knox and Sullivan counties and their health departments as they plan their own re-open strategies.

"While I am not extending the safer at home order past the end of April, we are working directly with our major metropolitan areas to ensure they are in a position to reopen as soon and safely as possible," said Lee. "Social distancing works, and as we open up our economy it will be more important than ever that we keep social distancing as lives and livelihoods depend on it."

The Economic Recovery Group (ERG), composed of 30 leaders from the public and private sector is crafting guidance to assist businesses in a safe reopening. The industry representatives participating in the ERG collectively represent over 140,000 Tennessee businesses that employ over 2.5M Tennesseans. More information about ERG is available [here](#).

- North Carolina's stay-at-home order expires April 29. Gov. Roy Cooper (D) has said he does not plan "to lift the restrictions all at once." Schools are closed until May 15.
- State planning relies on an increase in testing capabilities to identify, isolate and track new cases of COVID-19. This means having the supplies and lab capacity to do more testing across the state.
- Tracing requires the state to boost the public health workforce and ability to trace contacts of new cases of COVID-19. Contact tracing can be effective at containing new outbreaks, but it requires more personnel.
- In order to ease restrictions, the state needs to understand how COVID-19 is impacting the state and impacting specific populations and regions of the state to determine when to strengthen or ease social distancing policies. Trends that will influence policy decisions will be based on data like the new positive cases, hospitalizations, deaths, as well as available supply of personal protective equipment, hospital capacity.



Holding handmade signs with slogans like “My Rights Are Essential” and “ReOpenNC,” hundreds of people marched through downtown Raleigh while chanting “Freedom Now.” Most of the people at the protest were not wearing masks and were ignoring orders to maintain social distancing practices.



**WRALJoe Fisher**

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Hundreds of protesters march down E. Jones St. after circling Executive Mansion, Legislative Bldg. & Capitol in downtown [#Raleigh](#) demanding [@NC\\_Governor](#) [#ReopenNC](#). [#ncpol](#)

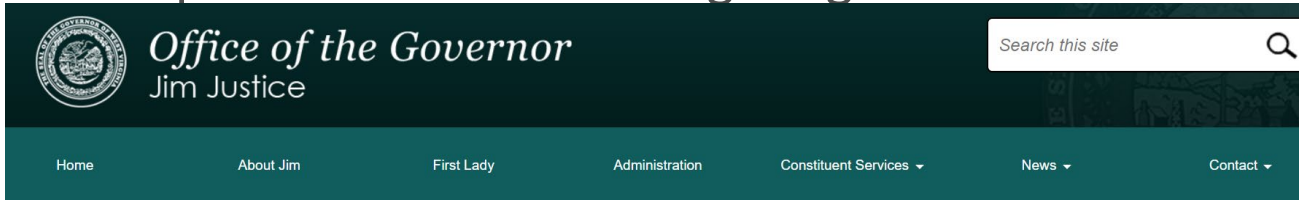


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- West Virginia Gov. Jim Justice (R) has not indicated an end date for his stay-at-home order. Schools and businesses remain closed until at least April 30. He said April 15 that he has begun conversations about "transitioning into the next phase" of the state's fight against the coronavirus.



Office of the Governor > News > Press Releases > 2020 Press Releases > COVID-19 UPDATE: Gov. Justice announces that discussions on "Phase 2" of coronavirus response are underway

### *COVID-19 UPDATE: Gov. Justice announces that discussions on "Phase 2" of coronavirus response are underway*

"As we come back out again, we need to become much more like a scalpel than like a hammer," said Dr. Clay Marsh, West Virginia Coronavirus Czar.

"Ultimately, we need to have the ability, as the Governor said, to test very broadly. We have to think abundantly and create the resources to enable that.

"Instead of the tests that we do today on COVID, which really test for the genetic appearance for the virus in people, we need to move toward looking at tests that tell whether people have immunity toward the virus and that's a second type of test that is being developed around the country," Marsh continued.

"When we test and identify people that are COVID positive, we need to, very rapidly, identify those people and their contacts and isolate those people versus everybody so that we can reduce that person-to-person spread."

Dr. Marsh also said that systems would need to be put in place to continue manufacturing a stable supply of personal protective equipment (PPE).

- Virginia's stay-at-home order expires June 10. All K-12 schools are closed through the rest of the school year. Gov. Ralph Northam (D) extended his order closing essential businesses through May 8.

**RICHMOND**—Governor Ralph Northam today issued a statewide Stay at Home order to protect the health and safety of Virginians and mitigate the spread of the novel coronavirus, or COVID-19. The executive order takes effect immediately and will remain in place until June 10, 2020, unless amended or rescinded by a further executive order.

The order directs all Virginians to stay home except in extremely limited circumstances. Individuals may leave their residence for allowable travel, including to seek medical attention, work, care for family or household members, obtain goods and services like groceries, prescriptions, and others as outlined in [Executive Order Fifty-Three](#), and engage in outdoor activity with strict social distancing requirements.

The executive order also directs all Virginia institutions of higher education to stop in-person classes and instruction. Private campgrounds must close for short-term stays, and beaches will be closed statewide except for fishing and exercise.

# In any case...it's getting political



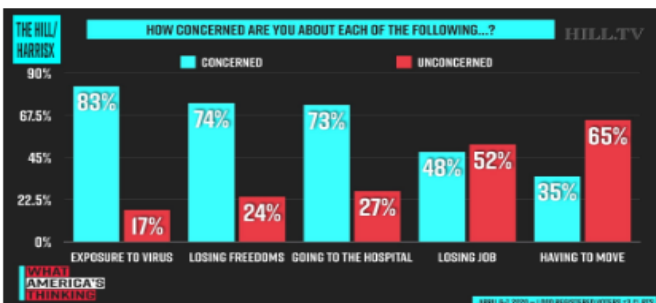
## Poll: 74 percent of voters concerned about losing freedoms due to COVID-19

More than 7 in 10 voters fear losing freedoms due to the coronavirus pandemic, though exposure to the virus topped concerns overall, according to a Hill-HarrisX poll released Monday.

Eighty-three percent of registered voters in the April 6-7 survey said they are worried about being exposed to the coronavirus, while 74 percent said they are concerned about losing freedoms.

Seventy-three percent said they fear having to go to the hospital and 48 percent of voters said they are concerned about losing their job.

Thirty-five percent said they are concerned about having to re-locate due to pandemic.



## The Institute for Health Metrics and Evaluation at the University of Washington Model...

- On Tuesday the model routinely cited by the White House warns that no state should be opening before May 1.
- Montana has the best forecast at May 1, while the only other states that should open by May 10, the model says, are Alaska, Hawaii, North Carolina, Vermont and West Virginia. North Carolina is the only of the six states with more than 1,000 cases, as of yesterday.
- South Carolina and Georgia, which are actively attempting to expand economic activity this week should not open until June 5 and June 19, per the model.



- About half the states in the country should remain closed until May 25 or later, with Arizona (June 23), South Dakota (June 25), Iowa (June 26), Nebraska (June 30) and North Dakota (July 12) rounding out the bottom of the list.
- The reopening dates are based on an assumption that states will have other measures in place -- aggressive testing, contact tracing, isolation, limits on the size of gatherings -- to prevent a resurgence of the virus.
- The IHME model relies on a conservative threshold of one infection per 1 million people, which is the level of infection each state could conceivably manage using containment strategies, such as widespread testing, contact tracing and isolation of new cases



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# HHS Stimulus Payments

- **CARES ACT – HHS Stimulus Distributions**
- \$30 billion is being distributed to healthcare providers
- Payments beginning April 10, 2020 – to eligible providers throughout the American healthcare system
- Payments will be sent/deposited automatically – no application or request required
- EFT/ACH or paper check from UHC/Optum “HHSPAYMENT”
- **These are payments, not loans, to healthcare providers, and will not need to be repaid.**



# HHS Stimulus Payments

- All facilities and providers that received Medicare (FFS) payments in 2019
- Providers heavily impacted by the COVID-19 pandemic
- Providers who are struggling to keep their doors open due to healthy patients delaying care and cancelled elective services
- Provided diagnose, test, or care for individuals with possible\* or actual cases of COVID-19
- *\*Care does not have to be specific to treating COVID-19. HHS broadly views every patient as a possible case of COVID-19.*





# HHS – How are Payments Determined

- A provider can estimate their payment by dividing their 2019 Medicare FFS (**not including Medicare Advantage**) payments they received by \$484,000,000,000, and multiply that ratio by \$30,000,000,000
- Example: An HME Supplier payments from Medicare FFS \$1,000,000 million in 2019
- **Formula**
- $\$1,000,000 / \$484,000,000,000 \times \$30,000,000,000 = \$62,000$



# Terms and Conditions for Keeping the Money

- Attestation form – sign within 30 days - <https://covid19.linkhealth.com/#/step/1>
- Provider must be in good standing with Medicare/not terminated or excluded
- Funds used for health care related expenses or lost revenues that are attributable to coronavirus
- Funds can't be used for expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse
- Reporting requirements to make sure the funds are used as intended
- For all care related to possible or actual case of COVID-19, providers cannot seek to charge a patient out-of-pocket expenses that are greater than in-network deductibles/co-insurance
- Full T&Cs here: <https://www.hhs.gov/sites/default/files/relief-fund-payment-terms-and-conditions-04132020.pdf>



# What if I haven't received my HHS payment?

- Call United Healthcare
- 877-842-3210 option 7 or 866-569-3522
- Provide them with your TIN
- They will provide status of your payment



# CARES Act – Paycheck Protection Program

- Designed to provide relief to small businesses so they can sustain their businesses and keep their workers employed.
- Administered by the SBA.
- **The loans will be forgiven** as long as the funds are used to keep employees on the payroll and for certain other expenses.
- Established by the CARES Act – Initially \$349B
- Program began on April 3, by April 16<sup>th</sup>, all \$349B had been claimed



# Who is eligible?

- Businesses impacted adversely by COVID-19
  - Small businesses
  - Nonprofit entities
  - Sole proprietorships
  - Tribal businesses
  - Veteran's organizations
  - Independent contractors
- 
- \*In general you need to employ 500 or fewer employees (exceptions)



# Key features and provisions

- Max loan = 2.5 times employer's avg. monthly payroll
- Will cover 8 weeks of payroll plus other expenses
- Loan for a single business cannot exceed \$10M
- No collateral or personal guarantee required
- Cash usually available quickly after approval



# PPP Features Cont'd

- No loan fees
- 2 year maturity
- 1% fixed interest rate
- Fully insured and backed by federal government
- Loan payments deferred for at least 6 months, up to 1 yr
- Potentially forgivable if used properly



# Proper Use of Funds From PPP Loan

- Loan dollars can be used by employers to cover:
- Payroll (wages/salaries, retirement contributions, health benefits, sick/medical leave\*)
- Rent
- Utilities
- Mortgage interest (not for paying down principal)
  
- \*not if FFCRA credit was obtained
- \*\*Payroll costs are capped at \$100K/yr per employee





# Loan Forgiveness

- The PPP loans can be forgiven, if:
  - At least 75% of the money is used for payroll costs
  - Pre-crisis level of full-time employees is retained:
  - Retained employees and re-hired employees
  - Maintain salary levels (maintain at least 75% of employee salaries/wages)
- 
- <https://home.treasury.gov/system/files/136/PPP--Fact-Sheet.pdf>



# Loan Forgiveness Cont'd

- Contact lending institution
- Document expenses paid (payroll, mortgage, utilities)
- Document # of full-time employees
- ØBank has 60 days to decide on loan forgiveness



# How to apply

- Applications accepted starting April 3 (retro to 2/15)
- Another \$310B to be added to the program (\$60B for smaller banks/C.U.s)
- Available through June 30 or until money is gone
- Can likely be done online
- First come/first served basis
- Any of the 1800+ SBA approved lending institutions
- Locate a lender: <https://www.sba.gov/funding-programs/loans>



# Application Form Sources:

- <https://home.treasury.gov/system/files/136/Paycheck-Protection-Program-Application-3-30-2020-v3.pdf>
- <https://www.sba.gov/document/sba-form--paycheck-protection-program-ppp-sample-application-form>



# SBA Loan Summary – First \$349B Summary

PowerPoint Presentation x +

sba.gov/sites/default/files/2020-04/PPP%20Deck%20copy.pdf

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## Summary

Loan Count	Net Approved Dollars	Lender Count
1,661,367	\$342,277,999,103*	4,975

\*Net Approved Dollars do not reflect the amount required for reimbursement to lenders per statute within the CARES Act.

SBA Approvals through 4/16/20

## States and Territories

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# SBA PPP First \$349B State Loan Qty and \$s

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sba.gov/sites/default/files/2020-04/PPP%20Deck%20copy.pdf

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**SBA** Approvals through 4/16/20

## States and Territories

State	Approved PPP Loans	Approved PPP Amount
AK	4,842	\$921,927,504
AL	27,922	\$4,862,690,120
AR	21,754	\$2,722,726,557
AS	2	\$419,583
AZ	19,280	\$4,846,959,062
CA	112,967	\$33,413,693,192
CO	41,635	\$7,392,960,359
CT	18,435	\$4,151,934,451
DC	3,253	\$1,247,218,727
DE	5,171	\$1,090,415,848
FL	88,997	\$17,863,199,837
GA	48,332	\$9,464,475,442
GU	508	\$102,418,346
HI	11,553	\$2,046,450,982
IA	29,424	\$4,315,688,444
ID	13,627	\$1,850,034,026
IL	69,893	\$15,972,578,071
IN	35,990	\$7,491,445,351
KS	26,245	\$4,288,652,108
KY	23,797	\$4,149,467,684

State	Approved PPP Loans	Approved PPP Amount
LA	26,635	\$5,100,534,501
MA	46,937	\$10,360,907,178
MD	26,068	\$6,537,733,687
ME	14,993	\$1,944,425,549
MI	43,438	\$10,381,310,070
MN	46,383	\$9,014,060,040
MO	46,481	\$7,547,822,023
MP	56	\$12,619,835
MS	20,748	\$2,481,000,606
MT	13,456	\$1,470,300,136
NC	39,520	\$8,005,752,270
ND	11,002	\$1,548,384,035
NE	23,477	\$2,988,890,489
NH	11,582	\$2,006,858,477
NJ	33,519	\$9,527,794,260
NM	8,277	\$1,424,408,711
NV	8,674	\$2,013,939,889
NY	81,075	\$20,345,681,101
OH	59,800	\$14,108,889,927
OK	35,557	\$4,615,708,450

State	Approved PPP Loans	Approved PPP Amount
OR	18,732	\$3,806,104,476
PA	69,567	\$15,697,648,689
PR	2,856	\$658,573,638
RI	7,732	\$1,335,777,801
SC	22,933	\$3,807,578,397
SD	11,324	\$1,369,616,339
TN	34,035	\$6,542,045,089
TX	134,737	\$28,483,710,273
UT	21,257	\$3,695,399,459
VA	40,371	\$8,721,170,223
VI	240	\$62,242,612
VT	6,983	\$1,000,127,478
WA	30,421	\$6,959,680,159
WI	43,395	\$8,317,705,842
WV	7,861	\$1,351,223,328
WY	7,618	\$837,018,372

**SBA** Approvals through 4/16/20

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# SBA PPP First \$349B Qty by Loan Size

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## Loan Size

Loan Size	Approved Loans	Approved Dollars	% of Count	% of Amount
\$150K and Under	1,229,893	\$58,321,791,761	74.03%	17.04%
>\$150K - \$350K	224,061	\$50,926,354,675	13.49%	14.88%
>\$350K - \$1M	140,197	\$80,628,410,796	8.44%	23.56%
>\$1M - \$2M	41,238	\$57,187,983,464	2.48%	16.71%
>\$2M - \$5M	21,566	\$64,315,474,825	1.30%	18.79%
>\$5M	4,412	\$30,897,983,582	0.27%	9.03%

- Overall average loan size is \$206K.

Approvals through 4/16/20

## Industry by NAICS Subsector

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# SBA PPP First \$349B Qty and \$ by Industry

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**SBA** Approvals through 4/16/20

## Industry by NAICS Subsector

NAICS Subsector Description	Approved Loans	Approved Dollars	% of Amount
Construction	177,905	\$44,906,538,010	13.12%
Professional, Scientific, and Technical Services	208,360	\$43,294,713,938	12.65%
Manufacturing	108,863	\$40,922,240,021	11.96%
Health Care and Social Assistance	183,542	\$39,892,493,481	11.65%
Accommodation and Food Services	161,876	\$30,500,417,573	8.91%
Retail Trade	186,429	\$29,418,369,063	8.59%
Wholesale Trade	65,078	\$19,489,410,472	5.69%
Other Services (except Public Administration)	155,319	\$17,707,077,167	5.17%
Administrative and Support and Waste Management and Remediation Services	72,439	\$15,285,814,286	4.47%
Real Estate and Rental and Leasing	79,784	\$10,743,430,227	3.14%
Transportation and Warehousing	44,415	\$10,598,076,231	3.10%
Finance and Insurance	60,134	\$8,177,041,995	2.39%
Educational Services	25,198	\$8,062,652,288	2.36%
Information	22,825	\$6,675,630,276	1.95%
Arts, Entertainment, and Recreation	39,670	\$4,939,280,138	1.44%
Agriculture, Forestry, Fishing and Hunting	46,334	\$4,374,343,877	1.28%
Mining	11,168	\$3,894,793,207	1.14%
Public Administration	5,570	\$1,197,353,586	0.35%
Management of Companies and Enterprises	3,211	\$1,170,748,130	0.34%
Utilities	3,247	\$1,027,575,137	0.30%

**SBA** Approvals through 4/16/20

## PPP Lenders – Highest Approved Dollars

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# SBA PPP First \$349B Qty and \$ by Lender

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Utilities	3,247	\$1,027,575,137	0.30%

SBA Approvals through 4/16/20

## PPP Lenders – Highest Approved Dollars

Lender	Approved Loans	Approved Dollars	Average Approved Size
1	27,307	\$14,071,396,427	\$515,304
2	32,097	\$10,309,843,746	\$321,209
3	21,062	\$9,612,090,368	\$456,371
4	33,594	\$7,778,303,458	\$231,538
5	27,929	\$6,555,028,971	\$234,703
6	25,820	\$6,114,676,731	\$236,819
7	26,238	\$6,057,787,355	\$230,878
8	10,681	\$4,406,088,115	\$412,516
9	14,215	\$4,356,840,783	\$306,496
10	9,457	\$4,267,336,254	\$451,236
11	12,001	\$4,190,129,500	\$349,148
12	25,151	\$3,889,799,524	\$154,658
13	9,673	\$3,392,990,074	\$350,769
14	10,642	\$2,978,045,260	\$279,839
15	40,746	\$2,966,427,908	\$72,803

SBA Approvals through 4/16/20

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# EIDL/Emergency Advance

- <https://www.sba.com/funding-a-business/government-small-business-loans/eidl/>
- Also administered by the SBA
- Also ran out of money last week
- Also being replenished by latest legislation
- \$60B in total funds
- \$50B for loans
- \$10B set aside for \$10,000 forgivable loan advances
- Apply only through SBA, not through banks



# Who is eligible?

- Small business with fewer than 500 employees
- Sole proprietorships
- Independent contractors
- Self-employed persons
- Private non-profit organizations
- 501(c)(19) veterans organizations
- Must be adversely impacted by COVID-19



# Program details

- Max loan is \$2M
- Loan amount varies by business
- 3.75% interest rate for businesses/2.75% for non-profits
- Loan term can be up to 30 years
- 1<sup>st</sup> payment deferred for 1 year
- **\*All businesses applying for an EIDL loan are eligible to also apply for a fast \$10,000 advance on their loan. This advance does not have to be repaid, even if the applicant is not actually approved for the EIDL loan. Funds will be made available shortly following a successful application**



# Thank you!

- <https://www.vgm.com/coronavirus/government-cms-updates/economic-stimulus-programs--covid19-resource-tool/>

- Craig Douglas
- VP Of Payer and Member Relations
  - [Craig.douglas@vgm.com](mailto:Craig.douglas@vgm.com)
  - 319-290-3535



**The Interim Final Rule:  
Coronavirus Waivers and Flexibility  
Ronda Buhrmester, CRT**

Sr Director of Payer Relations & Reimbursement

M: 217-493-5440

[ronda.buhrmester@vgm.com](mailto:ronda.buhrmester@vgm.com)



## *CARES ACT: Revising Payment Rates for Durable Medical Equipment Under Medicare Program Through Duration of Emergency Period*

- **Rural and contiguous areas:** The 50/50 blend will extend the reimbursement rates for beyond 2020, for the duration of the COVID-19 Public Health Emergency (PHE).
- **Non-Rural and noncontiguous areas** will get the 75/25 blended rate. That is 75% of the regional competitive bid rates and 25% of the 2015 unadjusted rates.

**The rates will be retroactive as of March 6, 2020, through the remainder of the duration of emergency period.**

Adjusted rates only apply to HCPCS codes in former CBA.

- **Former Competitively Bid Areas:** The single payment rates (SPA) will remain the same (unchanged).

Remember, this is new at the federal level, the next step is for CMS to provide instruction to the DME MACs (CGS & Noridian) for processing. This will come out in the form of an MLN article. Should be processed automatically, should not have to reopen or resubmit.

- **Temporary elimination of 2 percent Medicare sequester reduction that went into effect in 2013. This relief will be effective for May 1-Dec. 31, 2020.**



## 2018 Rural Fee Schedule Amounts (State Averages Shown)

IFR & ESRD Proposed Rule			Non-Rural	Rural	
DMEPOS Item	HCPCS	Unadjusted Fee	Rural Fee-Jan	Rural Blended Fee	Sample 25/75 blended rate
Oxygen Concentrator (monthly)	E1390	\$ 182.43	\$ 72.33	\$ 121.46	\$99.86
Portable Oxygen Concentrator	E1392	\$ 51.63	\$ 37.44	\$ 41.91	\$40.99
Portable Gaseous Oxygen	E0431	\$ 30.42	\$ 17.29	\$ 19.03	\$20.57
CPAP (rental)	E0601	\$ 103.78	\$ 43.95	\$ 73.86	\$58.91
Hospital Bed (rental)	E0260	\$ 136.78	\$ 65.40	\$ 100.83	\$83.25
NPWT (rental)	E2402	\$ 1,665.09	\$ 703.16	\$ 1,184.12	\$943.64
Manual Wheelchair (rental)	K0001	\$ 57.86	\$ 24.50	\$ 41.18	\$32.84
Power Wheelchair (rental)	K0823	\$ 585.51	\$ 294.71	\$ 440.11	\$367.41
Walker (purchase)	E0143	\$ 112.47	\$ 50.61	\$ 81.54	\$66.08
Commode Chair (purchase)	E0163	\$ 119.27	\$ 56.30	\$ 87.79	\$72.04
TENS (purchase)	E0730	\$ 405.26	\$ 72.11	\$ 238.69	\$155.40
Nebulizer (rental)	E0570	\$ 18.12	\$ 6.12	\$ 12.15	\$9.12
Powered Mattress (rental)	E0277	\$ 671.70	\$ 205.41	\$ 438.55	\$321.98
Enteral Pump (rental)	B9002	\$ 123.40	\$ 67.64	\$ 95.57	\$81.58
Enteral Supplies (daily)	B4035	\$ 12.12	\$ 5.79	\$ 8.95	\$7.37
Enteral Nutrients (100 calories)	B4150-B4154	\$ 1.14	\$ 0.70	\$ 0.91	\$0.81





## Will there be Relief from Audits during the Emergency?

- ☐ Suspension of all current TPE reviews and associated edits until further notice. Release of all pending claims for payment, including those in which a response was received, but a decision not yet rendered. Reversal of claims denied for non-response on or after March 1, 2020, unless an appeal has been filed. Appeals will continue as normal.
- ☐ SMRC & RAC audits are suspended during PHE
- ☐ CERT supposed to be suspending audits
- ☐ OIG PMD Repair Audit ARE currently being issued and must be answered



**However, CMS may conduct medical reviews during or after the PHE if there is an indication of potential fraud.**



## Is Telehealth acceptable in place of In Person Visit (face to face)?

- ☐ **YES** - Telehealth has been approved in place of the **in person visit with an approved telehealth provider** during the PHE (must be audio and video)
- ☐ **Approved Telehealth Providers - Physicians, Nurse Practitioners, Clinical Nurse Specialists, Physician Assistant**
- ☐ Elimination of the 3-year established patient relationship requirement from the telehealth provisions in earlier COVID-19 relief legislation
- ☐ Please note regardless if telehealth is used in place of an in person visit ALL coverage criteria are still applicable and medical necessity must be documented in the medical record to justify the items provided **(exception certain respiratory policies)**
- ☐ IFR – allows additional practitioners to order home medical equipment and supplies under Medicaid Home Health Benefit as of March 1, 2020
  - Must be within their scope of practice



# Implications of NCDs/LCDs during the Public Health Emergency (PHE)

## Level I

- ☐ In person visit/face to face **IS required** as it's a statutory requirement
- ☐ In person visit may be conducted via telehealth (audio **and** video)
- ☐ Clinical indications/coverage criteria must be met

## Product Categories

- ☐ Power Mobility Devices (PMDs)
- ☐ Therapeutic Shoes for Diabetes



# Implications of NCDs/LCDs during the Public Health Emergency (PHE)

## Level II

- ☐ In person visit/face to face IS NOT required
- ☐ In person visit may be conducted via telehealth (audio and video)
- ☐ **Clinical indications/coverage criteria must be met**

## Product Categories

- ☐ Manual Chairs
- ☐ Hospital Beds
- ☐ Nebs
- ☐ HFCWO
- ☐ NPWT
- ☐ Support Surfaces
- ☐ Surgical dressings
- ☐ Prosthetic, Orthotics
- ☐ Supplies and **All Other Policies** not listed in level I and III



# Implications of NCDs/LCDs during the Public Health Emergency (PHE)

## LEVEL III

- ☐ In person visit/face to face **IS NOT required**
- ☐ In person visit may be conducted via telehealth (audio **and** video)
- ☐ Clinical indications/coverage criteria **suspended temporarily during the PHE**

## Product Categories

- ☐ NCD 240.2 Home Oxygen
- ☐ NCD 240.4 Continuous Positive Airway Pressure for Obstructive Sleep Apnea
- ☐ LCD L33800 Respiratory Assist Devices (ventilators for home use)
- ☐ NCD 240.5 Intrapulmonary Percussive Ventilator
- ☐ LCD L33797 Oxygen and Oxygen Equipment (for home use)
- ☐ NCD 190.11 Home Prothrombin Time/International Normalized Ratio (PT/INR)  
Monitoring for Anticoagulation Management
- ☐ NCD 280.14 Infusion Pumps
- ☐ LCD L33794 External Infusion Pumps
- ☐ NIV



## Based on the CMS Waiver can DME be REPLACED without new documentation? How does this impacted Repairs?

- ☐ This WAVIER did NOT change the **replacement** policy. DME CAN only be replaced within 5 years due to loss from a natural disaster, fire, theft or irreparable damage from a one-time incident/accident.
- ☐ For a replacement claim (each line) would require the RA & CR modifier with a narrative explaining why it is being replaced. Covid-19 emergency / disaster itself does not cause direct loss or irreparable damage from a one-time accident/incident, therefore, replacement in this situation is not applicable.
- ☐ DME items can be **repaired** just as they were able to be prior to the Covid-19 emergency with continued need within 12 month preceding the date of the repair and a technician work order as long as medical necessity has been met for the product being repaired (Medicare paid for it). **Continued need can be established via telehealth during the Covid-19 emergency where clinical indications are required (LEVEL I AND II)**



## Which Products are included in the Prior Authorization (PA) Suspension (effective 3/1/20)?

- ☐ Manual Wheelchairs – PA was never required for manual chairs but ADMC is optional for K0005 and E1161 and that remains an option
- ☐ Scooters – PA was eliminated as an option for scooter in Aug 2018 therefore they are not impacted by this suspension
- ☐ **Power Wheelchairs**
- ☐ **Group 2 Support Surfaces**
- ☐ **PA process is optional during the PHE for Power Wheelchair and Group 2SS**
- ☐ Lower Limb Prostheses **Delayed** (was scheduled to begin May 4, 2020)



## Which Products are included in the Prior Authorization (PA) Suspension (effective 3/1/20)?

- ☐ Claims associated with a non-affirmation decision or claims submitted without requesting prior authorization that would normally cause a payment denial **will be processed for payment** for the duration of the COVID-19 PHE **with the CR modifier on the base code and “COVID-19” in the NTE 2400 (line note) or NTE 2300 (claim note)**
- ☐ Claims bypassing PA may be selected for post-payment review after the PHE has ended
- ☐ VGM recommends getting a PA if possible to avoid the claim being selected for audit after PHE





# The CR Modifier – When to Apply

Three scenarios for appending:

1. Prescription Drug Refills – payment for greater than 30 days
2. Replacement equipment due to PHE
3. Prior Auth that was not submitted for affirmation

- ☐ Any of these require the CR, in addition to any other applicable modifiers
- ☐ Enter into claim narrative field (NTE): COVID-19



## Has CMS Relaxed Signature Requirements?

- ☐ CMS is waiving signature and **proof of delivery requirements** for Part B drugs and **Durable Medical Equipment**
- ☐ When a signature cannot be obtained because of the inability to collect signatures:
  - Suppliers should document in the medical record the appropriate date of delivery and that a **signature was not able to be obtained because of COVID-19.**
  - Applies to intake documentation (AOB, ABN, etc.)
- ☐ Can still ship items to home via shipping service, follow method 2 POD – shipping invoice with tracking #, confirmation of delivery with correlating tracking #
- ☐ Orders: try to get an order signed by treating practitioner (email, fax), if this cannot be done then document the situation COVID-19 – office closed, date time
- ☐ **Also, check your state law requirements**



## Best Practices – billing and reimbursement

- ☐ Get as much documentation for medical record and information on the order
  - VGM encouraging suppliers to follow policy as best as possible (case by case)
- ☐ Track patients (setups) during PHE (more than ever!)
  - Flag in billing software, develop excel spreadsheet
- ☐ Most will only need equipment temporary
- ☐ Equipment will need picked up for acute diagnoses
- ☐ Once PHE has ended, may need to requalify or may be grandfathered



## How does the Accelerated/Advance Payments Expansion Work?

- ☐ In order to increase cash flow to providers impacted by COVID-19, CMS has expanded Accelerated and Advance Payment Program. An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing.
- ☐ CMS is authorized to provide accelerated or advance payments during the period of the **public health emergency to any Medicare provider/supplier** who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.
- ☐ Each MAC will work to review requests and issue payments within seven calendar days of receiving the request.
- ☐ Traditionally repayment of these advance/accelerated payments begins at 90 days, however for the purposes of the COVID-19 pandemic, CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment. Providers can get more information on this process here: [www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf](http://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf)
- ☐ Once recoupment begins at 120 days, for the next 210 days from the date of advance payment was made to repay the balance; it's after that 210 days an interest rate will apply (this is our understanding)



# NSC & Accreditation

## Temporarily Suspended During PHE

- ☐ Accreditation requirement
- ☐ Background check
- ☐ Fingerprinting
- ☐ Revalidation
- ☐ Application fees
- ☐ On-site inspections

New or pending Applications are being expedited

Note: CMS is monitoring this temporary suspension.



# CB Update –Reminder To Maintain Enrollment Requirements in PECOS

## **State Licensing:**

- ☐ CMS cannot award a contract to any bidder for a CBA and product category unless the bidder meets all applicable licensing requirements are met:
  - Do not let expire
  - Renewed licenses are uploaded in PECOS

## **Accreditation**

- ☐ Must maintain accreditation to furnish all items in each applicable product category
- ☐ Due to PHE, CMS is extending any expiring supplier location accreditation for a 90 day time period.
- ☐ CMS is monitoring all billing activity and will continue to reassess this requirement

## **Supplier Enrollment Number:**

- ☐ Must maintain an active PTAN in PECOS for each location in which a bid was submitted
- ☐ Make sure enrollment application (855S) is up to date with NSC & in PECOS

Note: Email address – make sure the email address on the portal is active and correct





Federal Lobbying Efforts  
And Personal Protective Equipment Resources  
**John Gallagher**

Vice President of Government Relations

Phone: 800-642-6065

[john.gallagher@vgm.com](mailto:john.gallagher@vgm.com)



# INDUSTRY EFFORT

## COVID #4 Legislative Specs

- • Pause the implementation of the competitive bidding program through the later of either: a) 12 months after the end of the COVID-19 Public Health Emergency, or b) December 31, 2021.
- • Extend the blended rates that were in the CARES Act in rural and non-bid areas through the same time period. (50/50 Blend in Rural Areas and 75/25 Blended rate Non-Bid Areas through the later of either: a) 12 months after the end of the COVID-19 Public Health Emergency, or b) December 31, 2021.





# INDUSTRY EFFORT

## COVID #4 Legislative Specs

- Asking for a blended rate of the 75% (adjusted fee schedule rate) + 25% (old fee schedule rate) for patients in **competitive bidding areas** (CBA's) using home respiratory therapy and hospital beds through the later of either: a) 12 months after the end of the COVID-19 Public Health Emergency, or b) December 31, 2021.
- The National Academies of Medicine will review effects of pandemic on home respiratory therapy and report on the increase in utilization of home respiratory therapy by COVID-19 patients and patients with other acute respiratory diseases that were treated with home respiratory therapy, the long-term effects COVID-19 patients experience, and other relevant considerations that the Secretary should consider in relationship to the home respiratory therapy benefit.



## 2018 Rural Fee Schedule Amounts (State Averages Shown)

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# Build Relationships with Key Members of Congress

## House Energy and Commerce



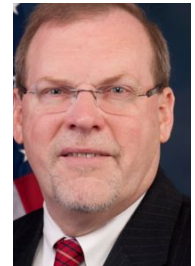
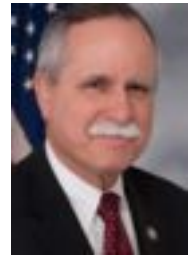
### Democrats

Chairman - Frank Pallone Jr.	NJ-6
Yvette D. Clarke	NY-20
Bobby L. Rush	IL-1
Anna G. Eshoo	CA-18
Eliot L. Engel	NY-16
Diana DeGette	CO-1
Michael F. Doyle	PA-14
Jan Schakowsky	IL-9
<b>G. K. Butterfield</b>	<b>NC-1</b>
Doris O. Matsui	CA-6
Kathy Castor	FL-14
John Sarbanes	MD-3
Jerry McNerney	CA-9
Peter Welch	VT-AL
Ben Ray Lujan	NM-3
Paul Tonko	NY-20
David Loebsack	IA-2
Kurt Schrader	OR-5
Joseph P. Kennedy III	MA-4
Tony Cardenas	CA-29
Raul Ruiz	CA-36
Scott Peters	CA-52
Debbie Dingell	MI-12
Nanette Barragan	CA_44
Lisa Blunt Rochester	DE-01
Robin Kelly	IL-02
Ann Kuster	NH-02
<b>A. Donald McEachin</b>	<b>VA-04</b>
Tom O'Halleran	AZ-01
Darren Soto	FL-09
Marc Veasey	TX-33



### Republicans

Ranking Member - Greg Walden	OR-2
Fred Upton	MI-06
John Shimkus	IL-15
Michael C. Burgess	TX-26
Steve Scalise	LA-1
Bob Latta	OH-5
Cathy McMorris Rodgers	WA-5
Brett Guthrie	KY-2
Pete Olson	TX-22
<b>David McKinley</b>	<b>WV-1</b>
Adam Kinzinger	IL-16
<b>Morgan Griffith</b>	<b>VA-9</b>
Gus Bilirakis	FL-12
Bill Johnson	OH-6
Billy Long	MO-7
Larry Bucshon	IN-8
Bill Flores	TX-17
Susan Brooks	IN-5
Markwayne Mullin	OK-2
<b>Richard Hudson</b>	<b>NC-8</b>
Tim Walberg	MI-7
Earl Carter	GA-1
Jeff Duncan	SC-03
Greg Gianforte	MT-01



# PPE Resources

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus or Person Under Investigation for 2019 nCoV in Healthcare Setting: [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)
- Healthcare Supply of Personal Protective Equipment: [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)
- Strategies for Optimizing the Supply of N95 Respirators: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html)
- FAQ on PPE from CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>



# Letter from 3M - Watch out for Counterfeit PPE Products



To: Valued 3M Customer and Authorized Channel Partner in the U.S.  
Subject: Fraudulent Activity and Counterfeit Products  
Date: March 20, 2020

Dear Valued Customer and/or Channel Partner,

Unfortunately, we have seen an increase in fraudulent and counterfeit activity in connection with the recent novel coronavirus outbreak (2019-nCoV, COVID-19). Examples include people fraudulently misrepresenting themselves as being affiliated with 3M or having authentic 3M product to sell, increasing counterfeit 3M products.

3M recommends purchasing 3M products only from 3M authorized distributors or dealers, which will increase the likelihood that you will receive authentic 3M products.

If you need help identifying 3M authorized distributors and dealers in your area, please contact the 3M Help Center at [https://www.3m.com/3M/en\\_US/company-us/help-center/](https://www.3m.com/3M/en_US/company-us/help-center/) or 1-888-3M-HELPS.

If you have concerns about potential fraudulent or counterfeit activity related to 3M or 3M products, please report such concerns using our Report a Concern system detailed at [https://www.3m.com/3M/en\\_US/ethics-compliance/report-concern/](https://www.3m.com/3M/en_US/ethics-compliance/report-concern/).

With regard to 3M respirators specifically, here are some tips to help avoid counterfeit products:

- 3M respirators will be sold in 3M packaging, with model-specific user instructions accompanying the product;
- 3M respirators should not be sold individually, in bulk (such as large bags or boxes of loose respirators), or without packaging (including User Instructions); and
- 3M has strict quality standards, and therefore products that have missing straps, strange odors, blocked valves, misspelled words, etc. are likely not authentic 3M respirators.
- For further assistance in determining whether a 3M product you have purchased is authentic, we encourage you to contact your local 3M Technical Service team at 1-800-441-1922. Please be prepared to share your proof of purchase information (invoice, receipt, etc.) in order to help with this process.

Regards,

Michael DeVacchio  
Vice President – USA and Canada  
3M Medical Solutions Division

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“VGM continues our efforts to obtain, source and/or uncover opportunities for our members as it relates to PPE offerings. Scott Owen, VP of Contracting is in contact with our contracted vendor partners on a routine basis with updates and allocation procedures specific to distribution of these critical items. VGM’s focus is assisting the front line workers in desperate need of these necessary items to function in a healthcare setting”.



## Re-use N95 Respirators

- One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators.
- Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day.
- This amount of time in between uses should exceed the 72 hour expected survival time for SARS-CoV2 (the virus that caused COVID-19).<sup>3</sup> HCP should still treat the respirator as though it is still contaminated and follow the precautions outlined in [CDC's re-use recommendations](#).



# Reuse N95 Respirator

**CDC** - In this video we demonstrate potential approaches for donning and doffing of an N95 filtering facepiece respirator in a Limited Reuse situation. This video was developed based on the CDC guidelines for NIOSH approved N95 respirators.

<https://www.youtube.com/watch?v=Cfw2tvjiCxM>

**Partnering with Canada's National Microbiology Laboratory (NML) and the Health Sciences Centre in Winnipeg, researchers tested four different types of N95 masks with four different sterilization methods.** In this video we

demonstrate potential approaches for donning and doffing of an N95 filtering facepiece respirator in a Limited Reuse situation. This video was developed based on the CDC guidelines for NIOSH approved N95 respirators. Those methods included repeated cycles of standard autoclaving, ethylene oxide gassing, ionized hydrogen peroxide fogging, and vaporized hydrogen peroxide treatment.

<https://globalnews.ca/news/6774161/coronavirus-n95-masks-clean-and-reuse-university-of-manitoba/>



# Reuse N95 Respirator

**Anesthesia Patient Safety Foundation ~ Potential Processes to Eliminate Coronavirus from N95 Mask.** The APSF recognizes that there is great interest and need for re-using N95 masks during this period of mask shortages. A variety of cleaning and decontamination processes have been reported. The CDC provides guidance on the short-term and long-term re-use of N95 masks (<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>).

- It may be possible to reduce or eliminate coronavirus from N95 masks. Three documented approaches to decontaminating coronavirus from N95 masks include the use of hot air and/or room air drying, ultraviolet light, and hydrogen peroxide vapor-linked processing. <https://www.apsf.org/news-updates/potential-processes-to-eliminate-coronavirus-from-n95-masks/>

**Michigan State University is using a new method to clean and reuse N95 masks. (April 3, 2020)**

- 170 degrees for 30 min.
- <https://www.youtube.com/watch?v=prn5AMTecNc>





# N95 Respirators Can Be Decontaminated For Re-Use

National Institutes of Health recently conducted a study and found that N95 respirators can be decontaminated effectively for as many as three uses. In a statement from NIH, they state that decontamination methods tested included vaporized hydrogen peroxide, 70-degree Celsius dry heat, ultraviolet light, and 70% ethanol spray.

<https://www.medrxiv.org/content/10.1101/2020.04.11.20062018v1>



# Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission



- Use of Cloth Face Coverings to Help Slow the Spread of COVID-19
- CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from recent studies that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.
- How to make a cloth mask <https://youtu.be/tPx1yqvJgf4>
- Sewing fabric surgical masks <https://www.youtube.com/watch?v=ZnVk12sFRkY>
- **DoD orders everyone to wear masks....** "Effective immediately, all individuals on DoD property, installations, and facilities will wear cloth face coverings when they cannot maintain six feet of social distance in public areas or work centers," the Defense Department announced Sunday in a statement, adding, "This guidance applies to all service members, DOD civilians, contractors, families (apart from residences on installations) and all other individuals on DOD property."



# PROTECTING FACIAL SKIN - N95

- The NPIAP ( <https://npiap.com/>) is a national organization of thought leaders and a credible resource as it relates to pressure injuries.
- In response to pressure injuries developing from the face masks being utilized during COVID-19, they have developed a position statement and a simple infographic.
- Position statement regarding preventing pressure injury under face masks:  
[https://cdn.ymaws.com/npiap.com/resource/resmgr/position\\_statements/Mask\\_Position\\_Paper\\_FINAL\\_fo.pdf](https://cdn.ymaws.com/npiap.com/resource/resmgr/position_statements/Mask_Position_Paper_FINAL_fo.pdf)
- Infographic on “ PROTECTING FACIAL SKIN Under PPE N95 Face Masks”  
[https://cdn.ymaws.com/npiap.com/resource/resmgr/position\\_statements/NPIAP - Mask Injury Infograp.pdf](https://cdn.ymaws.com/npiap.com/resource/resmgr/position_statements/NPIAP_-_Mask_Injury_Infograp.pdf)

Heather Trumm BSN, RN, CWON

Director of Wound Care

VGM & Associates

c. 319-493-8523



# Public Health & Social Services Emergency Fund (PHSSEF)

- The Senate approved by voice vote the Paycheck Protection Program and Health Care Enhancement Act – a \$484 billion COVID-19 relief package – *which includes an additional \$75 billion Public Health and Social Services Emergency Fund (PHSSEF) for hospitals, health systems and other health care providers.* **THIS INCLUDES DMEPOS SUPPLIERS:** “eligible health care providers” included “public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities ... that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.”
- The \$75 billion, which is in addition to the \$100 billion included as part of the last COVID-19 package, **would reimburse *eligible health care providers* for health care-related expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19.** **THIS INCLUDES DMEPOS SUPPLIERS.**



# PHSSEF

- The \$75 billion for PHSSEF is intended to support the nation's health care systems, hospitals, health care providers, and public health agencies that have worked to halt the spread of coronavirus. *These dollars will be used to prevent, prepare for, and respond domestically and internationally to the coronavirus. PHSSEF funding also may be used to build temporary structures, lease properties, medical supplies, and equipment, including personal protective equipment and testing supplies.* Money obtained from the PHSSEF may also be used to expand and train the workforce, increase emergency operations centers, retrofit facilities, and improve surge capacity.
- The bill also allows funding from the PHSSEF to reimburse health care providers through grants or other means for health care expenses and lost revenues due to coronavirus. The bill ensures that public entities, Medicare or Medicaid enrolled suppliers and providers, and for-profit entities and non-profit entities in the U.S. and its territories that diagnose, test, or care for people with possible or actual coronavirus cases are eligible. *The bill makes clear that funding from the PHSSEF cannot be used to reimburse expenses or losses that will be reimbursed from other sources. Recipients of PHSSEF funding will be required to submit reports to the Health and Human Services Secretary to ensure compliance with this and other provisions.*



# PHSSEF

- *But if a provider receives funding from multiple sources, it must repay the funding it received from the Public Health and Social Services Emergency Fund.*
- *The bill ensures that multiple forms of payment will be allowed by the Health and Human Services Secretary from the PHSSEF including pre-payment, prospective payment, or retrospective payment, and requires consideration of the most efficient payment system to provide emergency payments. To be eligible for payments from the PHSSEF, providers must have a valid tax identification number and submit an application that includes justification for the payment.*



# PHSSEF

- *The bill instructs the Secretary of HHS to release guidance on the application process and required documentation, as well as a reconciliation process under which payments must be returned to the fund should other sources provide reimbursement. o **Providers will be required to submit reports and maintain documents (as determined by the Secretary).** Providers must have a valid tax identification number and justifying their need for the payment. Applications will be reviewed on a rolling basis.*
- ***This information has not been published by HHS as yet.... VGM expects to provide more information week of 27 April – 1 May***



Thank you!  
We're here for you.



Beth Bowen  
Executive Director  
ATHOMES and ACMESA



VGM Government Relations and Regulatory Team