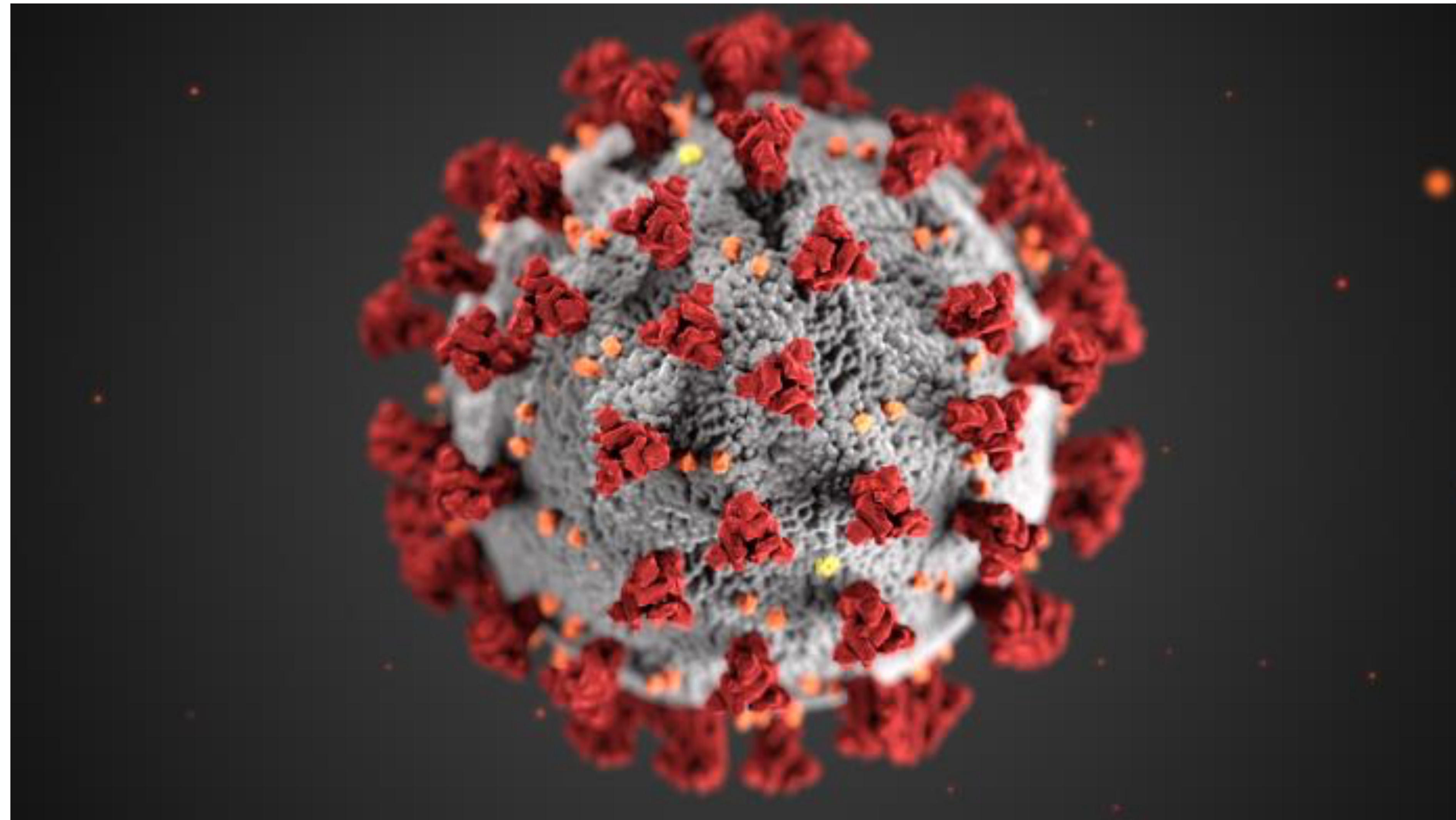
RHC, What Now After COVID



Oregon Office of Rural Health
January 21,2021

TheComplianceTeam
Exemplary Provider Accreditation

Social Distance and Mask Up

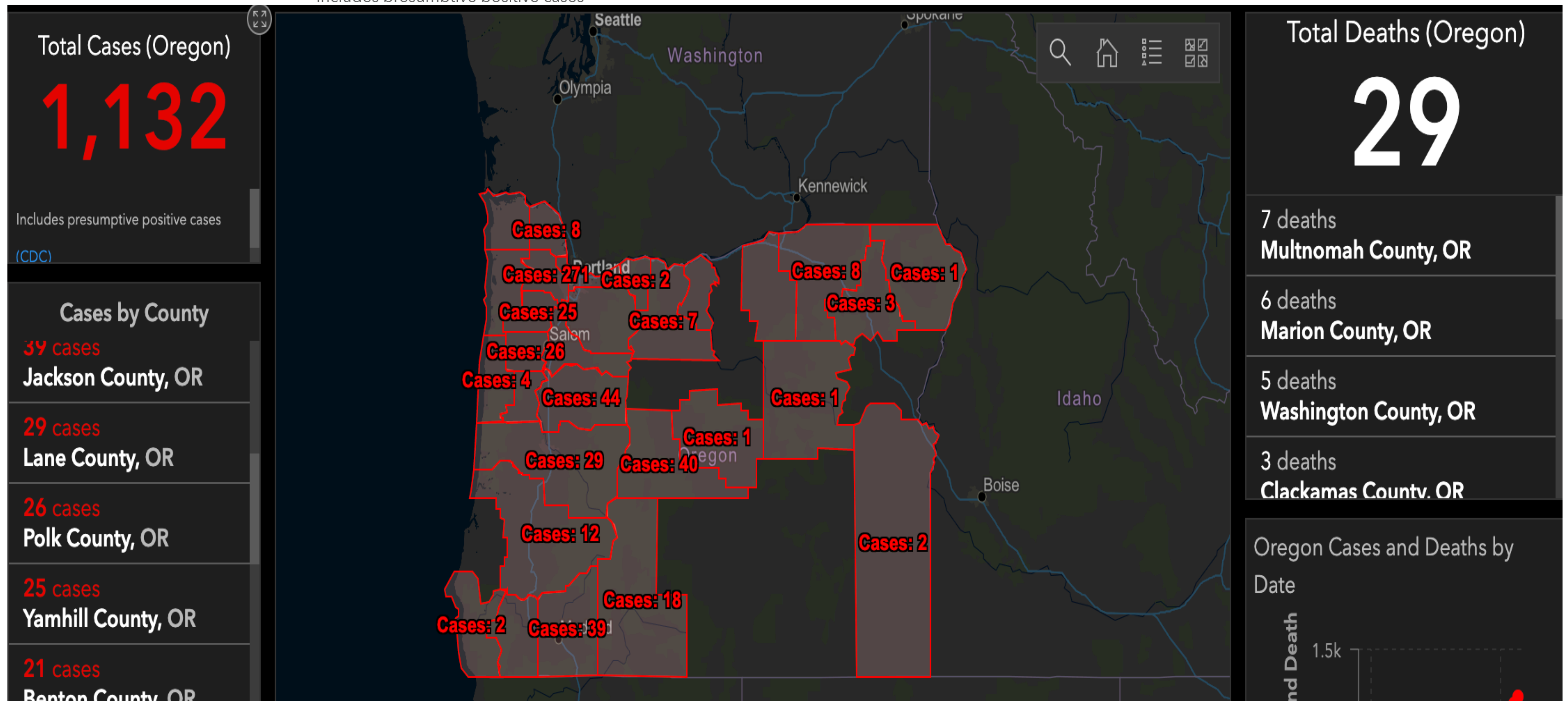
Helpful sign in the clinic

OREGON OFFICE OF EMERGENCY MANAGEMENT

Jan 20,2021

Total Cases (OR)	Total Deaths (OR)	Total Negative Tests (OR)
134,468	1,808	969,115

Includes presumptive positive cases



May 5,2020

COVID-19

- If you feel sick, stay home
- If your children are sick, keep them home
- If someone in your household has tested positive, keep the entire household at home.
- If you are an older person, stay home and away from other people
- If you are a person with a serious underlying health condition that can put you at increased risk, stay home and away form other people.

cdc.gov/COVID-19

For the Foreseeable Future

- Continue to monitor staffing levels necessary to operate and who has higher levels of risk
- Any non-essential employees should continue to work from home when possible
- Continue to ask patients and clients if they are symptomatic
- Continue social distancing
- What is working and what is not working
- Update and review infection control/ prevention policies
- Update and review emergency preparedness policies
- Be prepared for………..

OFFICE OF EMERGENCY MANAGEMENT

DO YOUR PART:

- social distancing
- good hygiene
- responsible shopping
- preparing your home
- protecting your mental health
- coping with stress and crisis lines
- 2 weeks ready

In the Clinic: Door Sign

If you are experiencing any of these symptoms:

Cough
Fever
Shortness of breath

Please go back to your car and call us.

Clinic Phone Number

We will come OUTSIDE to you.

AT THE CLINIC

Cleanliness of the workplace.

Recommend use of EPA-registered householddisinfectantexternal icon.

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

AT THE CLINIC

Ensure staff is trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200external icon).

Comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030external icon),
including proper disposal of regulated waste, and PPE (29 CFR 1910.132external icon).

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Taking Care of Your Staff

- You are uniquely positioned to serve as influential role models for compassionate acts and demonstrating care for people's basic needs.
- Showing interest in employees' feelings can be key to recovery.
- Checking in on individuals and their families.
- Expressing gratitude either with words or small tokens of appreciation.
- Setting up a clinic thank-a-thon of some sort.
- Leaders should also encourage and raise the profile of compassionate acts on the part of employees to further foster a mutually supportive community.

Safety, Honesty and Caring®

Always consider what maters most:

- Your Employees
- Your Staff
- Your Community
- Your Staff
- Yourself

Waivers 32 CMS RHC Waivers

1. Beneficiary Location for Telehealth Services
   Medicare can pay for many types of office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence. Additionally, the HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

2. Additional Telehealth Services Covered by Medicare
   Clinicians are allowed to provide more than 135 new telehealth services, including: emergency department visits, initial and subsequent observation, initial hospital care and hospital discharge day management, initial nursing facility visits, critical care services, intensive care services, therapy services.

3. Virtual Check-Ins, Remote Evaluations, & E-Visits
   Clinicians can provide virtual check-in, remote evaluation of patient-submitted video/images, and e-visit services to both new and established patients. These services were previously limited to established patients. Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits, virtual check-ins, and remote evaluations. A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients.

Waivers

4. Remote Patient Monitoring

Clinicians can provide remote patient monitoring services to both new and established patients. These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease.

5. Eligible Practitioners

CMS is waiving the requirements of section 1834(m)(4)(E) of the Social Security Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services. This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.

6. Practitioner Locations

CMS is waiving the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which s/he is practicing for individuals for whom the following four conditions are met: 1) must be enrolled as such in the Medicare program, 2) must possess a valid license to practice in the State which relates to his or her Medicare enrollment, 3) is furnishing services – whether in person or via telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity, and 4) is not affirmatively excluded from practice In the State or any other State that is part of the 1135 emergency area.

Waivers

7. Allowing FQHCs and RHCs to Serve as Distant Sites for Telehealth

   FQHCs and RHCs may serve as distant site practitioners to furnish telehealth services. Medicare pays for these telehealth services based on payment rates similar to the national average payment rates for comparable telehealth services under the Medicare Physician Fee Schedule. These services are excluded from both the FQHC prospective payment system and the RHC all-inclusive rate calculation.

8. Audio-Only Telehealth for Certain Services

   CMS is waiving the requirements of section 1834(m)(1) of the Social Security Act and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services.

9. Temporary Expansion Locations for RHCs and FQHCs

   CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location. Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs/FQHCs to expand services locations to meet the needs of Medicare beneficiaries. This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1) and (2) for the duration of the PHE.

Waivers

10. Bed Count for Provider-Based RHCs and RHC Payment Limit

11. Cost Reporting

12. “Stark Law” Waivers

    The physician self-referral law (also known as the “Stark Law”) prohibits a physician from making referrals for certain healthcare services payable by Medicare if the physician (or an immediate family member) has a financial relationship with the entity performing the service. There are statutory and regulatory exceptions, but in short, a physician cannot refer a patient to any entity with which he or she has a financial relationship. On March 30, 2020, CMS issued blanket waivers of certain provisions of the Stark Law regulations. These blanket waivers apply to financial relationships and referrals that are related to the COVID-19 emergency. The remuneration and referrals described in the blanket waivers must be solely related to COVID-19 Purposes, as defined in the blanket waiver document. Under the waivers, CMS will permit certain referrals and the submission of related claims that would otherwise violate the Stark Law.

13. Provider Enrollment

    CMS has established toll-free hotlines for all providers as well as the following flexibilities for provider enrollment: » Waive certain screening requirements. » Postpone all revalidation actions. » Expedite any pending or new applications from providers.

Waivers

14. Advance Beneficiary Notice of Noncoverage (ABN) Use Extension

15. Medicare Physician Supervision Requirements

For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology.

16. Practitioner Locations

CMS waives the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which s/he is practicing for individuals for whom the following four conditions are met:

1) must be enrolled as such in the Medicare program,
2) must possess a valid license to practice in the State which relates to his or her Medicare enrollment,
3) is furnishing services – whether in person or via telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity, and
4) is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area.

17. Home Nursing Visits

RHCs and FQHCs can provide visiting nursing services to a beneficiary's home with fewer requirements, making it easier for homebound beneficiaries to receive care.

Waivers

18. Certain Staffing Requirements for RHCs and FQHCs

42 CFR 491.8(a)(6). CMS is waiving the requirement in the second sentence of § 491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC operates. CMS is not waiving the first sentence of § 491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse midwife, clinical social worker, or clinical psychologist to be available to furnish patient care services at all times the clinic or center operates.

19. Physician Supervision of NPs in RHCs and FQHCs

42 C.F.R. 491.8(b)(1). CMS is modifying the requirement that physicians must provide medical direction for the clinics or center's health care activities and consultation for, and medical supervision of, the health care staff, only with respect to medical supervision of nurse practitioners, and only to the extent permitted by state law. The physician, either in person or through telehealth and other remote communications, continues to be responsible for providing medical direction for the clinic or center's health care activities and consultation for the health care staff, and medical supervision of the remaining health care staff.

Waivers

20. Modification of 60-Day Limit for Substitute Billing Arrangements (Locum Tenens)
21. Accelerated/ Advance Payments
22. Temporary Suspension of Medicare Sequestration
23. COVID-19 Diagnostic Codes11
24. High-Production Coronavirus Lab Tests
25. Antibody (Serology) Tests
26. COVID-19 FAQs on Medicare Fee-for-Service (FFS) Billing
27. COVID-19 Provider Burden Relief FAQs
28. Standards of Practice and Flexibilities for Outpatient Settings

    CMS released a document providing guidance on infection control and prevention related to COVID-19 in outpatient settings. The document includes FAQs and other considerations, and can be found here: https://www.cms.gov/files/document/qso-20-22-asc-corf-cmhc-opt-rhc-fqhcs.pdf

29. Reporting of COVID-19 Clinical Trial Data through the Quality Payment Program

Waivers

30. CMS COVID-19 Stakeholder Engagement Calls

CMS hosts recurring stakeholder engagement sessions to share information related to the agency's response to COVID-19. These sessions are open to members of the healthcare community and are intended to provide updates, share best practices among peers, and offer attendees an opportunity to ask questions of CMS and other subject matter experts. Recordings of these sessions are publicly available for those unable to attend, and can be found here: https://www.cms.gov/OutreachandEducation/Outreach/OpenDoorForums/PodcastAndTranscripts

31. CMS Office of Minority Health (CMS OMH): COVID-19 Resources on Vulnerable Populations

CMS OMH has compiled Federal resources on the 2019 Novel Coronavirus (COVID19) to assist its partners who work with those most vulnerable--such as older adults, those with underlying medical conditions, racial and ethnic minorities, rural communities, and people with disabilities. Those resources can be found here: https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID19-Resources

32. Interim Final Rules and Waivers

CMS regularly updates a webpage that includes Interim Final Rules, waivers, and provider-specific f act sheets related to COVID-19, which can be found here:

https://www.cms.gov/about-cms/emergency-preparedness-responseoperations/current-emergencies/coronavirus-waivers

Your COVID-19 After Action Report (AAR)

Your COVID-19 After Action Report (AAR)

- **Clinic Name:**
- **Event Name:** COVID 19 Outbreak 2020
- **Event Begin Date:** March 9, 2020
- **Event End Date: ____?____, 2020**
- **Duration:** 10 months

The purpose of this report is to analyze event results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions that will guide future emergency preparedness initiatives to advance overall emergency preparedness within our clinic.

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Your COVID-19 After Action Report (AAR)

- Jan 22, 2020 The Center for Disease Control (CDC) confirmed first COVID-19 case in the U.S.
- Jan 30, 2020 The World Health Organization (WHO) declared the outbreak a public health emergency (PHE) of international concern.
- Jan 31, 2020 HHS Secretary Azar declares a PHE in the U.S.
- March 8, 2020 Governor Brown declared a State of Emergency and activated the Emergency Operations Center.
- March 11, 2020 The COVID-19 outbreak characterized as a pandemic by the WHO.
- March 13, 2020 President Trump declares a National Emergency concerning the COVID-19 outbreak.
- January 7, 2021 Secretary Azar extends the Public Health Emergency

Your COVID-19 After Action Report (AAR)

Executive Summary

- This event in the first half of 2020 occurred as a result of a Corona Virus from Wuhan, China which resulted in a worldwide Pandemic.
- The event began for ABC clinic on March __, 2020.
- The emergency team was composed of _________ (names of staff in leadership)

Major Strengths

- Enter the top three strengths of your Emergency Plan

Such as: Staff training conducted on infection prevention
Plan to triage patients who come to the clinic
Plan to put sign on door to call from the car if symptomatic

Your COVID-19 After Action Report (AAR)

Areas of Improvement

Need to order extra supplies such as masks and hand sanitizer earlier
Need to minimize things in the waiting room to decrease things needing disinfecting.
Need for more screening of clinic staff, temps in the morning
Need more separation of patients

Your COVID-19 After Action Report (AAR)

Event Successes

Staff immediately began calling patients instead of visit to decrease exposure for patients

Some staff sent to hospital to assist with surge

Improvement Plan

Observations	Recommendations	Corrective Action	POC	Start Date	Completion Date
Lack of supplies	Keep more on hand	Ordered	X	6.1.20	7.15.20
Patients not coming to office	Increase in Telehealth				
More staff training	Monthly training				

Your COVID-19 After Action Report (AAR)

- Report reviewed with staff
- Assignments given
- Attendance log at AAR meeting

Don't Forget Compliance

Do Self Surveys

Don't Forget Compliance

What has changed:

- Cleaning processes
- Equipment, has it been biomed checked
- Drugs that usually come as MDV are now SDV
- Testing
- Vaccine distribution with little notice
- Working in a mask
- Lack of staff for the work to be done
- Telehealth, less patients in the office
- HIPAA
- Chart Review

Thank you and Be Safe out There.

Kate Hill, RN

khill@thecomplianceteam.org

215-654-9110