



COVID-19 RESPONSE & SUPPORT: ACU IS HERE TO HELP

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

MARCH 24, 2020



ACU BOARD PRESIDENT:
DR. FELIX NUNEZ, MD,
MPH

TODAY'S AGENDA:

- I. ACU ADVOCACY & SUPPORT
- II. TELEHEALTH GUIDANCE & REVIEW
- III. RESOURCES TO SUPPORT ON THE GROUND
CHALLENGES – MORAL INJURY
- IV. QUESTIONS

ACU SUPPORT FOR CLINICIANS ON THE FRONT LINE

ACU Advocacy on Capitol Hill - What we are asking for:

- NHSC Funding – Immediate/\$930M, Long Term/\$3B over 3 years
- Immediate Supply Support: PPEs, Test Kits, N95 Masks
- Flexibility & Liability Coverage for Providers – NHSC Providers
- Telehealth Flexibility & Adequate Reimbursement

ACU SUPPORT FOR CLINICIANS ON THE FRONT LINE

ACU Working with Partners

- To Connect Providers & Organizations to Resources
 - PPEs, N95s, Hand Sanitizer, Cleaning & Sanitation Items
- To Identify Patients Needs & Provide Support
 - Nonperishable Food Items, Household Goods, Medications & Cleaning Supplies
- To Identify Needs & Coordinate Response
 - In Kind & Financial
- Share Information & Amplify Advocacy

ACU SUPPORT FOR CLINICIANS ON THE FRONT LINE

ACU's Ongoing Work Will Continue – Taking COVID 19 Into Account

- Star2 Center
- Vision Services
- Suicide Safer Care
- Policy & Advocacy

ACU SUPPORT FOR CLINICIANS ON THE FRONT LINE

We are here to help you!

- Needs & Requests – including PPEs, N95s, Sanitizer & Patient Items
- Questions & Information Sharing
- Issues & Concerns

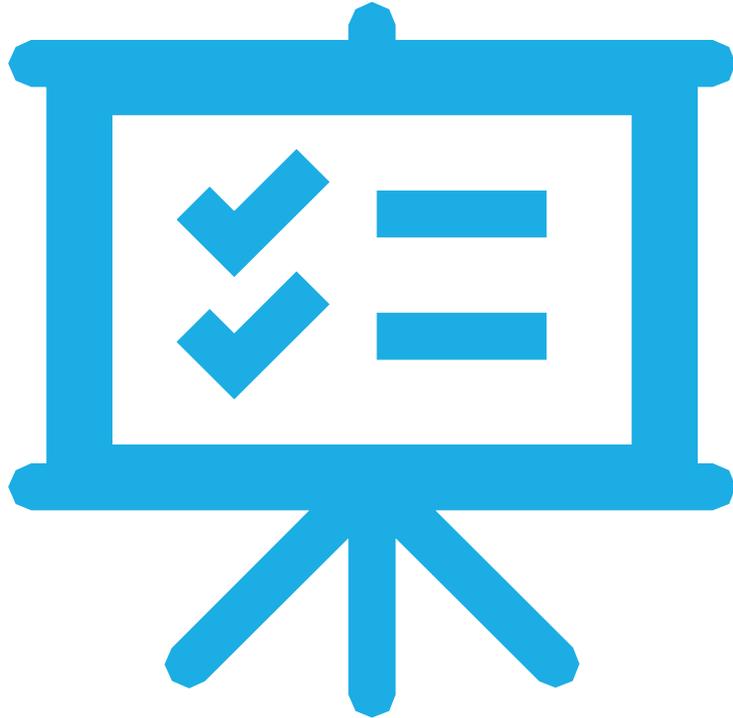
Please Contact: Amanda Pears Kelly
apearskelly@clinicians.org or 202-492-1395



BILLING & CODING TELEHEALTH GUIDANCE FOR COVID-19

MARCH 24, 2020

CATHY BOWDEN, MHA, CPC, CPMA, CHISP, CH-CBS



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SPEAKER: CATHY BOWDEN, MHA, CPC, CPMA, CHISP, CH-CBS

- Cathy has more than 25 years experience in the health care field in FQHC & Physician billing and coding. Her experience includes providing technical assistance to FQHCs for billing, coding, and documentation auditing, as well as manager of coding and Billing Operations Manager for physician billing companies that serves a wide range of specialties and practice types. She has a broad experience with public health and private practices where she was integral to coding and compliance education and training for clinical providers, practice and billing office staff members. She has performed and managed chart audits with objective of both compliance and optimizing reimbursement through correct coding and through documentation.
- Cathy holds a Masters in Healthcare Administration with a minor in Informatics from Ashford University. She is a Certified Professional Coder (CPC) by the American Academy of Professional Coders (AAPC), a Certified Professional Medical Auditor (CPMA) through the National Alliance of Medical Accreditation Services (NAMAS), a certified Community Health Coding and Billing Specialist (CH-CBS) by the Association for Rural Health Professional Coding (ARHPC), and a Certified Health Informatics Systems Professional (CHISP) by the American Society of Health Informatics Managers (ASHIM).



Timeline



Telehealth Consent



HRSA Telehealth
Guidance



Medicaid CPT Codes
& Reimbursement
Rates



Medicare

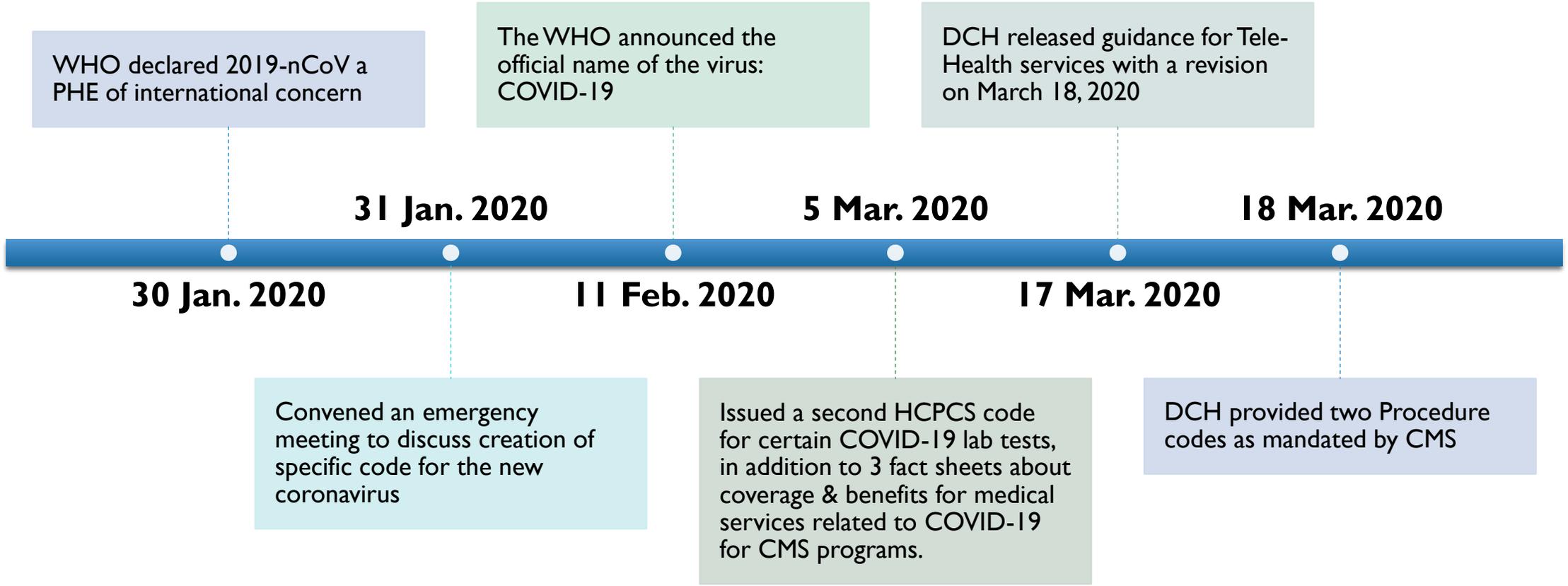


Coding & Billing
Resource (Medicaid &
Medicare)

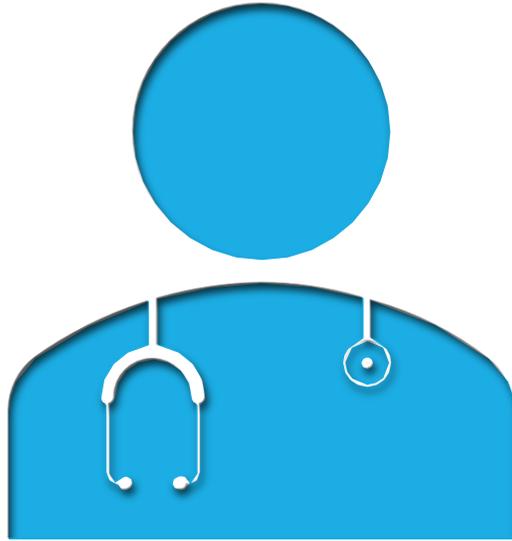


References

TOPICS



TIMELINE



In order to conduct a patient encounter as a telehealth service, the patient must initiate the service and provide consent to be treated virtually. The consent must be documented in the medical record and include the patient's explicit agreement to being treated via telehealth rather than in a face-to-face encounter.

Each verbal consent should include the following elements:

- ▶ Date of consent
- ▶ Time of consent
- ▶ Consenting/responsible party before initiation of service
- ▶ Rendering provider
- ▶ Elect services as a virtual telehealth encounter
- ▶ Verbal attestation by the patient

TELEHEALTH CONSENT

HRSA GUIDANCE

Services from a location that is not an in-scope service site

Q: In event of a public health or other emergency where either providers or patients cannot present at or work from a health center site, can a health center use telehealth to provide services to a patient at a location that is not an in-scope service site? Can this also occur if the health center provider and patient are at their homes? (Added: 3/17/2020)

A: yes, as long as: 1) The service being provided via telehealth is within the health center's approved scope of project (recorded on Form 5A); 2) the clinician delivering the service is a health center provider; and 3) the individual receiving the service is a health center patient.

HRSA GUIDANCE

Initial consultation with a patient via telehealth

Q: Is it acceptable to conduct a physician initial consultation with a patient via telehealth in light of COVID-19? (Added: 3/13/2020)

A: In light of the declaration by the Secretary of Health and Human Services on January 31, 2020, that a public health emergency exists nationwide as a result of confirmed cases of 2019 Novel Coronavirus (2019-nCoV), health center providers may provide triage services, including initial consultation, as part of primary care to patients or to individuals that intend to become a patient of the health center.

HRSA GUIDANCE

In-scope Telehealth services to individuals who are not patients of FQHC

Q: May health centers provide in-scope services through telehealth to individuals who are not current health center patients? (Added: 3/19/2020)

A: As a result of the Secretary's declaration relating to the current COVID-19 public health emergency, during the duration of this public health emergency health center providers may deliver in-scope services via telehealth to individuals who have not previously presented for care at a health center site and who are not current patients of the health center. Telehealth visits are within the scope of project if:

1. The individual receives an in-scope required or additional health service;
2. The provider documents the service in a patient medical record consistent with applicable standards of practice; and
3. The provider is physically located at a health center service site or at some other location on behalf of the health center (e.g., provider's home, emergency operations center).

MEDICAID SUPPORTING THE USE OF TELEHEALTH IN DIAGNOSIS & TREATMENT

Medicaid expanded the use of telehealth in the following manner:

1. Waiving the telehealth services originating site limitations. Originating sites include the following:
 - Physician and Practitioner's Offices
 - Hospitals
 - Rural Health Clinics
 - Federally Qualified Health Centers
 - Hospital-based or CAH based Renal Dialysis Centers (Independent Renal Dialysis Facilities are not eligible originating sites)
 - Skilled Nursing Facilities (SNFs)
 - Local Education Authorities
 - County Boards of Health
 - Community Mental Health Centers
 - A mobile stroke unit (only for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke)
 - The home of a Medicaid/PeachCare for Kids member
 - Emergency Medical Services Ambulance
 - Pharmacies
2. Allowing telehealth services to be provided by the following modalities:
 - Telephone communication
 - Use of webcam or other audio and video technology
 - Video cell phone communication

MEDICAID CPT CODES & REIMBURSEMENT RATES

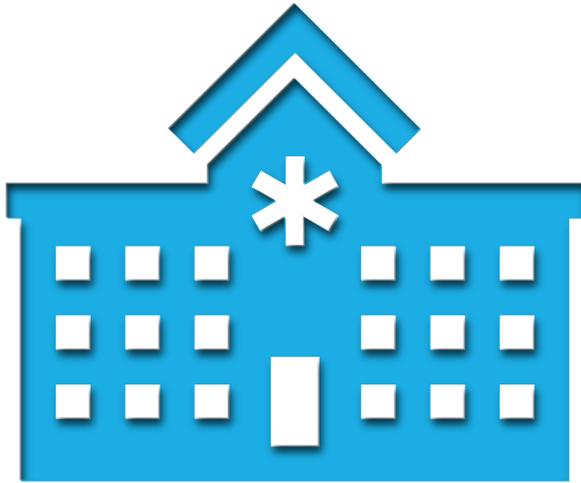
Effective February 1, 2020, the Department of Community Health (DCH) and DXC Technology will update the Georgia Medicaid Management Information System (GAMMIS), with the following two (2) Procedure Codes as mandated by the Centers for Medicaid and Medicare Services (CMS).

▶ CPT U0002 - SEVERITY ACUTE RESPIRATORY SYNDROME [SARS-COV]. For the dates of services 02/01/2020 through 03/12/2020 the reimbursement rate is: \$51.31

▶ CPT 87635 - SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS COV-2) (CORONAVIRUS DISEASE [COVID-19]). For dates of services 03/13/2020 through 2/31/2299 the reimbursement rate is: \$51.31

- ❖ No diagnosis restrictions
- ❖ Can be billed as both primary and/or emergency
- ❖ Limited to one (1) unit per date of service (DOS)

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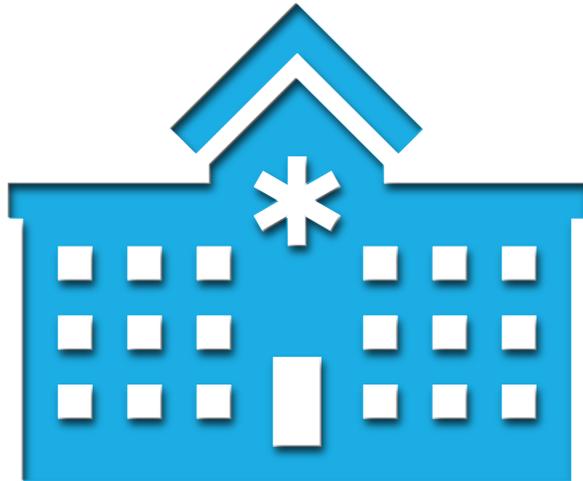


MEDICARE

- ▶ Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
- ▶ These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- ▶ Starting March 6, 2020 and for the duration of the COVID-19 Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.
- ▶ While they must generally travel to or be located in certain types of originating sites such as a physician’s office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
- ▶ The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

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▶ CMS developed the first HCPCS code (**U0001**) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for SARS-CoV-2.

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▶ The second HCPCS billing code (**U0002**) announced March 6, 2020 allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

▶ *Medicare claims processing systems will be able to accept these codes starting on April 1, 2020, for dates of service on or after February 4, 2020.*

MEDICARE

REFERENCES

- <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Messages/tabId/55/Default.aspx>
- <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf>
- <https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes>
- <https://www.cms.gov/files/document/se20011.pdf> Revised
- <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>
- <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-2-20-2020.pdf>
- <https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests>

CONTACT INFORMATION

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Thank you for attending!



MORAL INJURY AMONG CLINICIANS

Sabrina Edgington, MSSW



Washington Post, March 15, 2020

Health

Spiking U.S. coronavirus cases could force rationing decisions similar to those made in Italy, China

Elderly, end-stage cancer patients might get lower priority for ventilators under some state pandemic plans

MORAL INJURY

First used to describe soldiers' responses to their actions in war. It represents “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”

Source: Quote from Diane Silver, in Talbot, S.G., & Dean, W. (July 26, 2018). Physicians aren't 'burning out.' They're suffering from moral injury. Stat News.

MORAL INJURY IN HEALTH CARE

The challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control.

Source: Dean, W., Talbot, S., & Dean, A. (2019). Reframing Clinician Distress: Moral Injury Not Burnout. *Federal practitioner : for the health care professionals of the VA, DoD, and PHS*, 36(9), 400–402.

**Our work
impacts our
well-being and
sense of
purpose.**

Secondary Trauma

Exposure to traumatized patients

Burnout

Unclear job expectations, administrative burden, dysfunctional workplace, work-life imbalance

Moral Distress & Moral Injury

Factors that prevent practitioners from doing what is right and good.

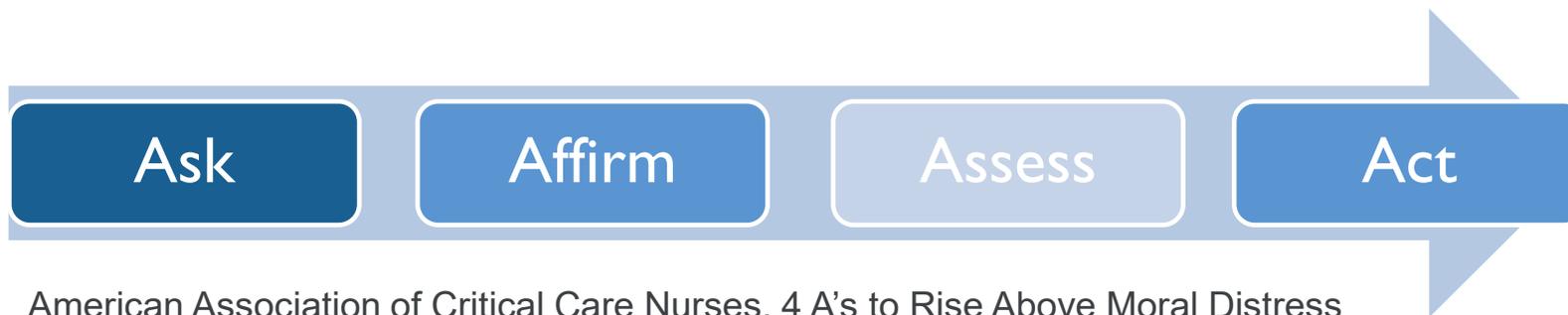
“Every time we are forced to make a decision that contravenes our patients’ best interests, we feel a sting of moral injustice. Over time, these repetitive insults amass into moral injury.”

Source: Dean, W., Talbot, S., & Dean, A. (2019). Reframing Clinician Distress: Moral Injury Not Burnout. *Federal practitioner : for the health care professionals of the VA, DoD, and PHS*, 36(9), 400–402.

ACTIONS WE CAN TAKE

Create an organizational culture that recognizes and responds to moral injury

- Provide education about moral distress and moral injury
- Encourage open discussion among staff and administrators



American Association of Critical Care Nurses. 4 A's to Rise Above Moral Distress

ACTIONS WE CAN TAKE

Create opportunities for staff to participate in social change and community outreach.

- Create opportunities for clinicians to provide input on advocacy priorities
- Engage clinicians in advocacy efforts and awareness campaigns by asking them to share their experiences with policy makers
- Give clinicians time to participate in coalitions, committees, and other groups addressing systemic causes of poor health

ACTIONS WE CAN TAKE

Prioritize self-care.

- Encourage the use of counseling resources and Employee Assistance Programs
- Adopt policies that promote and support staff self-care
- Work with staff to create a wellness plan to guide self-care during and after the crisis

RESOURCES

- Arizona State University, A. T. Still University, & National Association of Community Health Centers. Team Care Connections – Moral Injury Issue (January 2020). <http://teamcareconnections.org/books/exou/#p=1>
- Moral Injury of Healthcare. <https://fixmoralinjury.org/> (Wendy Dean and Simon Talbot)
- University of Kentucky. The Moral Distress Education Project. <http://moraldistressproject.med.uky.edu/moral-distress-home>