



# Pandemic Recovery Series: Session 3 of 8



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# Disclaimer

- This presentation and related materials are designed only to provide general information regarding the subject matter discussed during this presentation. The statutes, authorities, and other laws cited in this presentation are subject to change.
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# Pandemic Recovery Series

<http://www.hc-link.com/pandemic-recovery-webinar-series>

- Session 1 (7.2.20)
  - Navigating the Economic Incentives
- Session 2 (7.9.20)
  - Promoting Agency Success with Emergency Preparedness Plans, Infection Control, and Quality Programs
- Session 3 (7.16.20)
  - Identifying Operational Efficiencies During Pandemic Recovery
- Session 4 (7.23.20)
  - Getting Prepared for the Next Round, Financial Considerations

# Pandemic Recovery Series

- Session 5 (7.30.20)
  - Legal Aspects of Pandemic Recovery
- Session 6 (8.6.20)
  - Setting Yourself Up for Financial Success
- Session 7 (8.13.20)
  - Addressing Pandemic Psychosocial Impacts While Rebuilding Agency Operations
- Session 8 (8.20.20)
  - Optimizing External Opportunities for Agency Growth and Expansion

# Agenda: Session 3

- Introductions
- Labor and employment factors related to the COVID-19 pandemic
- Telehealth: Legal and regulatory aspects
- Telehealth: Clinical implementation
- Optimizing key operational processes
- Q&A



# Labor and Employment Factors Related to the COVID-19 Pandemic



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# Considerations for Your Business During COVID-19

- Review state and local orders
  - Different states and counties differ in reopening and business restrictions
  - Plans may shift based on hospitalization rates and public health impacts
- Be aware of federal guidance – e.g. Trump’s “Guidelines for Opening Up American Again”
- Develop company specific plans to maximize readiness

# Preparing the Workplace During COVID-19

- Employers (ERs) should ensure a safe and healthy workplace – OSHA, CDC and local ordinances – PPE, administrative controls, engineering controls
- **Assess:** Characteristics of the workplace, worker exposure risk, who are essential employees (EEs) versus those who are not
- **Plan ahead:** Look at supplies, workplace modifications, changes to policies and procedures (P&Ps), training and communication to staff
- **Social distancing:** A consideration depending on the EE and feasibility
  - Location flexibility (e.g., telework)
  - Staggered shifts or staggered days
  - Increase physical space
  - Modify physical layout to limit direct face-to-face contact

# Preparing the Workplace During COVID-19

- Screening: How will you screen? Frequency? Who will you screen?
- CDC guidance and other guidance should be considered when managing symptomatic, asymptomatic, exposed and COVID-19+ EEs
- Consider Families First Coronavirus Response Act (FFCRA) and CDC regarding EE leave situations
- Be aware of paid leave obligations: EFMLPA and EPSLA under FFCRA

# Preparing the Workplace During COVID-19

- Policy changes: Revisit and assess if policy changes are necessary or part of best practices (e.g., travel, protocols, methodologies, etc.)
- EE selection issues: Base on legitimate business reason
- Engage in discussion with EEs who express concerns of COVID-19
- GOAL: To foster a compliant work culture and mitigate risks

# Polling Question 1





# Telehealth: Legal and Regulatory Aspects



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# Telehealth: Legal and Regulatory Aspects

- **Telehealth:** Use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. - *Health Resources and Services Administration of HHS*
- In March 2020, CMS expanded telehealth on a temporary and emergency basis under the 1135 waiver authority and CARES Act

# Telehealth: Legal and Regulatory Aspects

- **Waiver:** Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. This was expanded later to includes therapists.
- **Prior to this waiver,** Medicare could only pay for telehealth on a limited basis. This included when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

# Telehealth: Legal and Regulatory Aspects

- Emphasis on real-time communications and enforcement discretion by HHS
- None of the blanket waivers in March or April 2020 mentioned telehealth as it relates to home health or hospice
- Expanded telehealth on April 30, 2020, allowing hospitals to provide services at home, COVID-19 testing without physician orders, and **therapy services**, but still limited, which increased Low Utilization Payment Adjustment (LUPA) payments
- Currently, if telehealth is part of the patient's plan of care and **does not replace needed in-person visits** as ordered on the plan of care
- RESULT: Only in-person visits can be reported on the home health claim
- Telehealth (two-way audio-video) can be used to meet F2F encounter
- HIPAA: HHS has loosened restrictions and using a “good faith” standard

# Telehealth: Legal and Regulatory Aspects

- CMS has issued a proposed rule in late June 2020 (published in the Interim Final Rule on June 30, 2020) to make permanent regulatory changes to telehealth under the Medicare home health benefit beyond the expiration of the PHE for the COVID-19 pandemic
- HHAs would be able to continue using telehealth with beneficiaries as a home health benefit, as long as it is related to the skilled services being furnished, is outlined on the plan of care, and is tied to a specific goal indicating how such use would facilitate treatment outcomes

# Telehealth: Legal and Regulatory Aspects

- Use of telehealth may not substitute for an in-person home visit that is ordered on the plan of care and cannot be considered a visit for the purpose of patient eligibility or payment
- WHY DOES THIS MATTER? - i.) Changes frequency and type of visits; ii.) HHAs could report cost of technology as allowable administrative costs on the HHA cost report; and iii.) Gives HHAs predictability in continuing to use telehealth

# Polling Question 2





# Telehealth: Clinical Implementation



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# Telehealth: Clinical Implementation

- Importance of appropriate inclusion in the patient's plan of care (PoC)
- Agency process for appropriate use of telehealth visits
  - Staff education regarding appropriate use
  - Indications for use of telehealth, including visit type examples
  - Approval flow within agency
  - Proper process for security and permissions
  - Assessment of patient capability to participate
  - Alternate plans for supply management
  - Documentation of patient visit and outcomes

# Telehealth: Clinical Implementation

- Potential impact on metrics and financials
  - Visit utilization
  - Revenue/billing implications (e.g., HH LUPAs, hospice Service Intensity Add-On (SIA) loss)
  - Potential cost savings compared to in-person visits
    - Direct staffing cost
    - Supplies cost, especially personal protective equipment (PPE)
    - Mileage and/or fleet costs
  - Improvement in after-hours visit needs, including weekend staffing
  - Improvement in emergent care, hospitalization, and/or re-hospitalization metrics
  - Improvement in patient satisfaction scores



# Optimizing Key Operational Processes



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# Operational Processes

- Identifying key operational processes is the first step in monitoring for compliance and effectiveness
- Processes can be reviewed in recommended time intervals for completion
- Key points:
  - Establishing agency-specific processes is critical; document as Standard Operating Procedures (SOPs)
  - Agency leadership should assign staff to processes and ensure adequate training
  - Monitoring must occur: INSPECT WHAT YOU EXPECT!
  - Holding responsible staff accountable must occur for optimal process efficiency

# Operational Processes: General

- Consider focused staffing assignments during pandemic / pandemic recovery
- Examples:
  - Clinical COVID-19 “champion” for agency; responsibility for the following:
    - Ensuring appropriate policies are in place
    - Scheduling and tracking staff education on policies and procedures, such as screening requirements
    - Monitoring for regulatory updates
    - Coordinating with agency leadership and other staff on specific processes (e.g., resumption of Review Choice Demonstration, where applicable)
  - Designated screening tracker (oversight of screenings; communication to team)
  - Supply manager; includes “closet control”
  - Designated scheduler



# Operational Processes: Daily Activities



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# Operational Processes: Daily

- Screening process for staff with appropriate tracking
- Stand-up meeting with key position staff
  - Staffing update with results of screening process
  - Scheduling update
    - Current day's staffing and any changes from previous day
    - Completion of screening contacts for current day's patient/client visits; includes documentation
    - Reports of suspected or confirmed infections (i.e., adverse events/infection reports)
  - Updated status of supplies, including PPE
  - Review of previous day's admissions and discharges
  - Review of previous day's potential hospice recertifications, especially those that may be questionable
  - Review of previous day's home health recertifications to ensure appropriateness
  - Pending referrals and status of each

# Operational Processes: Daily

- Review of unsigned physician orders
- Review of unsigned hospice Certificates of Terminal Illness (CTIs)
- Contact with Skilled Nursing Facilities (SNFs) for hospice patients
  - Confirm status of residents and any changes in condition
  - Confirm status of supplies, especially with limited facility access due to PHE
- Monitoring of completion and submission of required assessments (Hospice Item Set [HIS] and home health OASIS)
- Completion of pre-billing audits
  - Monitor appropriate use of COVID-19 diagnosis codes
- Completion of timely billing for ready claims

# Operational Processes: Daily

- Stand-down meeting with key position staff
  - Any issues identified during daily operations
  - Reports of Persons Under Investigation (PUI) and/or reports of symptomatic patients, clients, or staff
  - Missed or rescheduled visits
  - After-hours admissions and/or visits needed
  - Hospice actively dying patients
  - New referrals and anticipated admission dates



# Operational Processes: Weekly Activities



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# Operational Processes: Weekly

- Case conference / Interdisciplinary Team (IDT) meetings
  - Updated COVID-19-related education
  - Review of anticipated recertifications and discharges
  - Review plans of care for appropriate telehealth documentation, if applicable
  - Review patients with changes in condition
    - Potential impact on PDGM reimbursement (home health)
    - Potential change in level of care (hospice)
    - Potential triage level changes for Emergency Preparedness purposes
    - Potential need for additional orders, including those for add-on services
  - Need for collaborative provider services for hospice patients
  - Discussion of potential staffing issues for next week (e.g., PTO, specialty case coverage, on-call coverage, etc.)

# Operational Processes: Weekly

- Update documentation in COVID-19 binder
  - Documentation of inservices completed with staff
  - Review of reported documentation (e.g., infection reports, etc.)
    - Monitor for trends
    - Monitor for gaps in processes related to proper identification, communication, and documentation
    - Review documentation for appropriate completion
    - Helps ensure improved readiness for potential infection control survey
- Monitor PPE usage and supply stock/availability
- Monitor any flexible scheduling arrangements and need for adjustment
  - Includes availability of necessary staff equipment for remote/work-at-home needs
  - Evaluate use of remote meetings as a substitute for on-site group meetings

# Operational Processes: Weekly

- Orders management
  - Assessment of weekly progress toward obtaining signatures as needed
    - Monitor for trends with specific signing physicians or authorized non-physician practitioners
  - Review of outstanding orders to ensure outstanding orders are appropriate
  - Monitor for issues that will impact ability to obtain signatures
    - “Wrong physician” issues
    - Use of authorized non-physician practitioner, if applicable
  - Identify specific orders impacting other processes, such as Pre-Claim Review (PCR)

# Operational Processes: Weekly

- Billing update
  - Status of PCR submissions, if applicable
  - Review of pre-billing audits, both pending and completed
  - Ongoing review of billing submissions, including receipt and posting of payments
- Review of pending referrals
  - Links to staffing and supply reviews
- Hospice-specific activity
  - Review for level of care changes
  - Audit of live discharge records



# Operational Processes: Monthly Activities



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# Operational Processes: Monthly

- Review of COVID-19 binder documentation
  - Trends identified through documentation of events, infections, etc.
  - Review of screening outcomes; identify need for any process changes
  - Identify and make any changes needed for Emergency Preparedness Plan (EPP)
  - Review and educate on any policy changes related to pandemic/PHE
- Monthly chart audits/clinical record reviews
  - Preparation for quarterly/biannual Quality Assessment Performance Improvement (QAPI) requirements
  - Monitor for appropriate documentation of PPE worn during patient/client visits
  - Identify potential issues with infection control survey readiness
  - Implementation and monitoring of performance improvement project (PIP)

# Operational Processes: Monthly

- Monitor customer satisfaction survey outcomes (CAHPS)
- Monitor CASPER data
- Review of hospice service intensity
- Monthly billing review
  - Unbilled claims update
  - Trends leading to billing delays; impact on cash flow
  - Review with billing company if outsourced
  - Process modifications to address any breakdowns that impact timely and accurate billing

# Operational Processes: Monthly

- Monthly financial and metrics review
  - Include key staff
  - Outcomes related to referrals, conversion to admissions, recertifications, discharges
  - Payor mix changes
  - Average reimbursement metrics
  - Level of care changes impacting reimbursement (hospice)
    - Appropriate documentation completed
  - Home health utilization changes and LUPA measures
  - Review of gross margin, operating expenses, contribution margin, and EBITDA
    - Staffing expenses, including overtime and contract staffing costs
    - Unexpected expenses (e.g., PPE, patient supplies, staff equipment, hospice high-cost medications)
  - Tracking of data for pandemic relief financial programs



# Operational Processes: Quarterly / Other Interval



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# Operational Processes: Quarterly / Other

- Quarterly QAPI completion, if applicable
  - For service lines with biannual requirements, consider quarterly activity to identify potentially negative trends more readily
  - Review of progress with PIPs and other focused projects or corrective action plans
    - Includes documentation of progress
  - QAPI committee meeting completion
- Preparation for expected changes in cost report process
- Readiness for processes being restarted after pandemic “pauses”
  - Hospice Targeted Probe & Educate (TPE) / Additional Documentation Request (ADR) process (8.3.2020)
  - Review Choice Demonstration (8.31.2020)

# Polling Question 3



# We're here to help

- We are always available to assist agencies with consulting and advisory services, but especially through this public health emergency

- Visit our websites:

- HealthCare ConsultLink
- DLA Piper

<http://www.hc-link.com/>

<https://www.dlapiper.com/en/us/locations/dallas/>

- Contact us directly:

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# Pandemic Recovery Series: Next Event

- Knight CPA Group, HealthCare ConsultLink, and DLA Piper thank you for attending today's webinar
- Session 4 (7.23.20)
  - Getting Prepared for the Next Round, Financial Considerations
    - Financial preparation, including necessary banking relationships, the importance of adequate cash flow/savings, optimal debt management, budgeting, and meeting required filing requirements
- For registration support, call 888.258.1894 or email [info@hc-link.com](mailto:info@hc-link.com)
- Visit the webinar series website for more detailed information:  
<http://www.hc-link.com/pandemic-recovery-webinar-series>

# Questions??

