

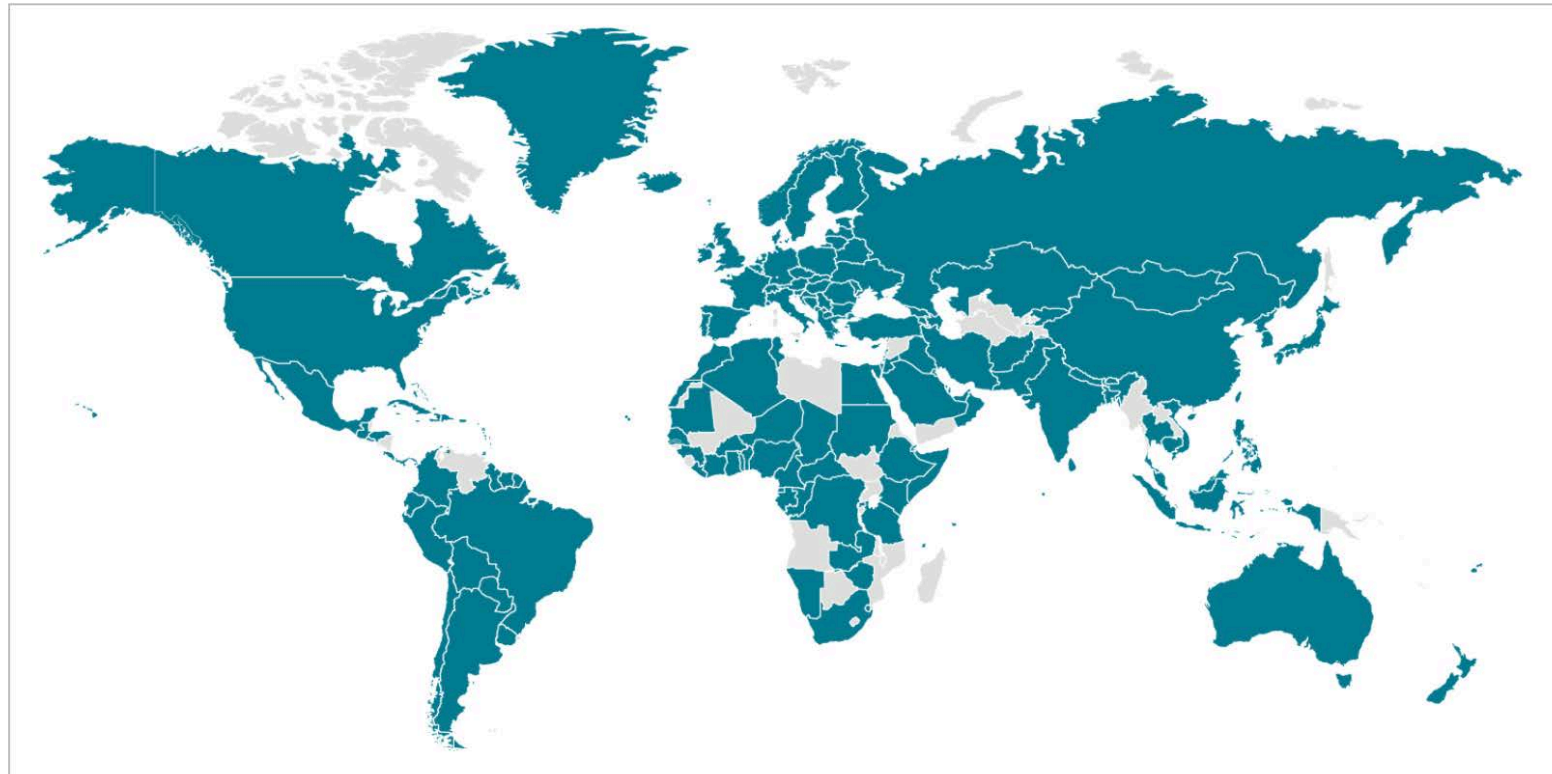


COVID-19

HELPING EACH OTHER THROUGH THE PANDEMIC

We are all connected

As of 12:00 p.m. ET March 21, 2020

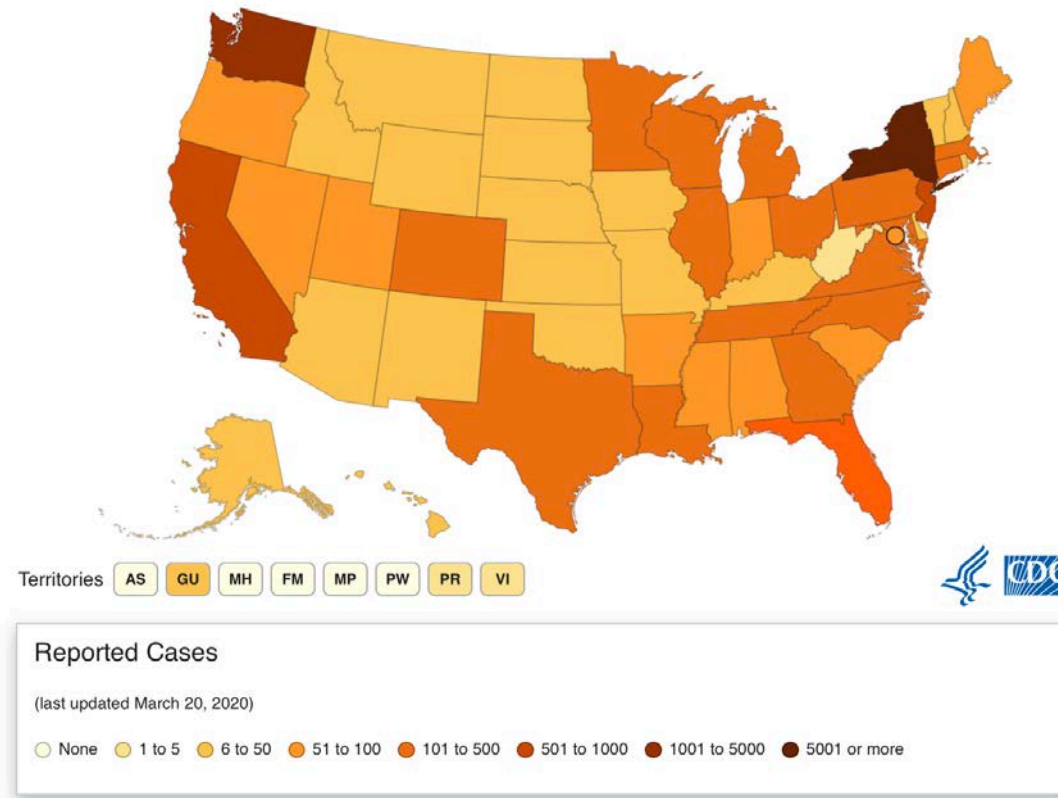


Global case numbers are reported by the World Health Organization (WHO) in their [coronavirus disease 2019 \(COVID-19\) situation report](#) [↗](#) . For U.S. information, visit CDC's [COVID-19 in the U.S.](#)

Cases have been reported in all 50 states (with a massive shortage of testing and “hot spots” increasing)

COVID-19 Cases in the U.S.

[Cases in U.S.](#) > [Situation Summary](#) >



Closures and changes in our communities are hitting hard and fast

- Indefinite school closures
- Child-care and hunger concerns (where do they go and what about the kids who rely on schools to provide breakfast and lunch)?
- Restaurants mandated to take out and delivery services only (leaving servers with no income)
- Voluntary lay-offs in otherwise healthy businesses (causing enormous increases in unemployment applications)
- Fitness facilities closed (virtual classes serving as an outlet for reducing stress)
- Toilet paper shortages (panic causing unnecessary hoarding)



And then we have healthcare. . .

- Non-essential specialties have been instructed to close (dental and eye care)
- Elective surgeries are being canceled at most hospitals and many surgical centers
- Emergency departments and walk-in clinics in chaos (triage practices involves turning patients away for not meeting treatment or testing criteria/not enough tests)
- Shortages of lifesaving equipment and medications

Podiatry Practices are experiencing contradictory effects

- Some have chosen to close (in “hot spots” such as NYC)
- Most are seeing decreased existing patient volume (elderly patients canceling or rescheduling)
- Some are seeing an influx of new patients who are not working and have the time to be seen
- All scenarios are causing anxiety amongst patients, staff and doctors



Screening your Patients

Call each scheduled patient 24-48 hours in advance (discontinuing use of automated reminder systems for the time being) and determine if they need to be seen (ingrown toenail or other office procedure, pain or injury requiring x-rays or other diagnostic exam) or would prefer to set up a Telehealth visit (this can be established by DPM and staff member reviewing the schedule and patient histories together and determining if this type of visit would be appropriate).

Coverage for Virtual Health Services; Medicare;

3 Categories/Options

- 1. TELEHEALTH VISITS: Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.
- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
 - Examples: FaceTime and Skype
- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- 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.
- To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

Use Standard E/M coding and documentation

- Make sure to change POS to 02-Telehealth
 - Include verbiage that the patient consented to telehealth services.
 - Document as usual
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- **Contact your malpractice carrier and let them know you will be providing telehealth services**

Option 2: "Virtual Check-in" (patients who do not have the ability to use FaceTime, Skype or other audio/video real time apps)

VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none">• HCPCS code G2012• HCPCS code G2010	For established patients.
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E-Visits (available through your EHR Portal)

E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none">• 99421• 99422• 99423• G2061• G2062• G2063	For established patients.
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Medicare, Medicare Advantage programs and Medicaid are following CMS Telehealth Service guidelines
Private Payer Websites are also citing CMS for coverage inquiries

- Medicaid <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>



Keep your patients updated!

- Send e-blasts, post information in your reception area and outside your office, post on social media. . .
- Radio silence is not an option during this time.

We are posting this to let you know what we are doing here in the office to help our patients and our staff stay safe amidst the COVID-19 pandemic. We will continue to provide treatment of infections, ulcerations, and post-operative care in the office by appointment as it is very important keep these patients out of urgent care facilities and hospital emergency departments to limit risk of exposure.

We are carefully triaging each currently scheduled patient in order to determine the need for face-to face care as well as to assure that patients with immunocompromised conditions, are experiencing cough or fever, or that have been exposed to individuals who may be positive for COVID-19 are rescheduled.

As an alternative to visiting the office, we are pleased to offer patients the option to be treated via Telehealth Services (using FaceTime, Skype or phone call). If you are interested in this option, please contact the office at ____-____-____ and we will set up a Telehealth appointment for you right away.

Please do your part to slow the spread of this virus by staying home, washing your hands thoroughly and staying healthy. As always, we value your trust in us to treat all of your foot and ankle care needs and we are here for you during this time of uncertainty.

Screen to determine if rescheduling is necessary

- The patient has traveled to or returned from countries or regions outside the U.S. for the past 14 days (reschedule)
- The patient has any of the following symptoms: fever, cough, or shortness of breath (reschedule)
- The patient has been in contact with someone with known or suspected COVID-19 (reschedule)

Please read before entering.

IF YOU HAVE



Please call our office before coming inside.
Clinic Phone # _____

The clinic staff may ask you to wear a mask or use tissues to cover your cough.

Thank you for helping us keep our patients and staff safe.



CS 315894-8 03/12/2020

For more information: www.cdc.gov/COVID19

**If you have these symptoms,
please see the front desk immediately.**

Patients with COVID-19 may have these symptoms:



We may ask you to wear a mask or use tissues to cover your cough,
and offer you a separate space to wait.

Thank you for helping us protect other patients and staff.



315894 March 13, 2020 12:06 PM

For more information: cdc.gov/COVID19

Scheduling and Waiting Precautions

- Schedule patients so that each can be taken directly into a treatment room upon arrival (some offices are removing chairs from waiting rooms).
- If patients do have to wait prior to entering the treatment room, remind them of social distancing recommendations and arrange seats 6 feet apart.
- Some practices are requiring temperatures to be taken prior to patients entering office**



Other considerations

- If patients rely on public transportation and need to come in, try to plan accordingly as many have extended wait times to be picked up.
- Ask that patients do not bring anyone with them to their appointment. If they rely on a family member or friend to drive them to their appointment, (especially for post-op patients who need to be seen) ask that they wait in the car.

Disappearing from offices everywhere. . .

- Provide hand sanitizer for use at check-in/check-out areas (in view of staff members as these types of products may “disappear”).
- Alcohol is not available (international shortage)
- Consider purchasing face shields which extend the life of face masks (pre-order through Doc ShopPro)
- After patients sign forms or consents, tell them to “keep the pen” or have patients sign consents via iPad or tablet and disinfect the screen or stylus after each use.

Remove and Sanitize

- Remove magazines and children's toys from your waiting room areas to help prevent the spread of the virus.
- Sanitize common office areas more frequently
 - After each patient disinfect exam chairs, counter tops, door handles, etc.
 - Ask each staff member to use the same phone throughout the day
 - Suggest that staff members in the front and back office wear gloves at all times.
 - Have face masks available for patients and staff members.
 - No sharing of food, no reps allowed in and no accepting of outside food from reps (even if store bought)
 - WASH HANDS with soap and water for at least 20 seconds frequently and avoid touching your face (that's more difficult than you think)

SBA Economic Injury Disaster Loan

These are a summary of notes from the SBA call 3/19/20 taken by Dr. Joe Wendolowski

- Applications and information is available online at www.sba.gov/disaster . This is a direct loan from the SBA. No fees to apply
- You will need: 3 years tax returns, monthly obligations/expenses (they call them liabilities), and a PFS
- List all the monthly costs under statement of liabilities
- Project 9 months' worth of expenses
- Not designed to replace your profit

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Prepare yourself/your practice

Staff/Financial concerns

- The Families First Coronavirus Response Act (H.R. 6201) included a refundable payroll tax credit to reimburse businesses for sick leave and family and medical leave wages paid to employees affected by COVID-19. For businesses that otherwise may not be able to afford the employee costs associated with COVID-19-related paid leave, the Treasury Department has stated that it will use its regulatory authority to advance funds to employers concerned about cash flow.
- The bill requires employers to provide notice of eligibility for paid sick leave and family and medical leave to its employees. This bill became law on 3-18-20
<https://www.congress.gov/bill/116th-congress/house-bill/6201>

The Department of Labor will create a model notification within seven days following enactment of the bill.

Partial unemployment benefits

- As part of the traditional State Unemployment Benefits Program, all employees are eligible for partial benefits, even if their job was not eliminated. Congress also recently approved legislation that increased the amount of federal funding to these programs. Employees who are directly impacted by this unanticipated slow-down in business will be able to secure supplemental income through State Unemployment Programs.

Apply for the Work Sharing Program in Your State if it is available (but check the requirements)

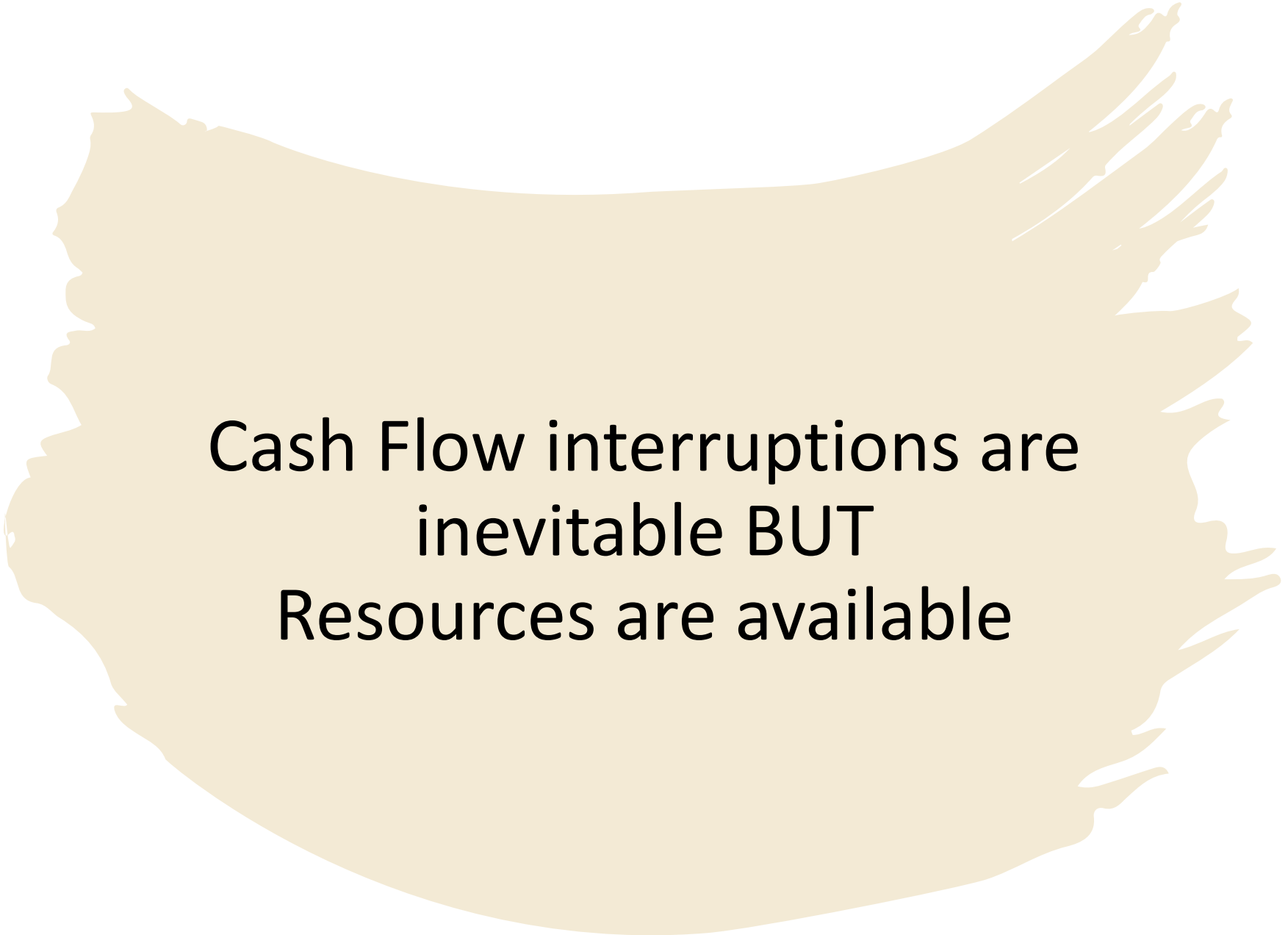
- Employers can apply for the Unemployment Insurance (UI) Work Sharing Program if reduced production, services, or other conditions cause them to seek an alternative to layoffs.
- The Work Sharing Program helps employees whose hours and wages have been reduced:
- Receive UI benefits.
- Keep their current job.
- Avoid financial hardships.
- The Work Sharing Program helps employers:
- Minimize or eliminate the need for layoffs.
- Keep trained employees and quickly prepare when business conditions improve.
- Avoid the cost of recruiting, hiring, and training new employees.
- https://www.edd.ca.gov/unemployment/Work_Sharing_Program.htm



Be Proactive

- Google your state and Work Sharing

Click on the link and complete the application if you are eligible

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Cash Flow interruptions are
inevitable BUT
Resources are available

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Open Discussion



Keep watching for emails

“Extra Extras” will be sent as frequently as possible with helpful tips and information. The rules are changing everyday so please stay tuned. . .

Thank you all for participating.