

Corona Virus Pandemic 2019-2020

How Contagious is this virus?

During Wednesday evening news, Dr. Jen Ashton reported that the New England Journal of Medicine performed tests to determine how long the COVID 10 virus lives on surfaces and found these astounding times!

- 3 hours in the air
- 24 hours on cardboard
- 2-3 days on plastic and stainless steel !!!!! Yes, that would include your grocery cart!

Be sure to share this information with your patients to encourage them to use extra protective precautions when they are out and about. Include this data in your staff's training as they go forth to clean their work areas.

My intention is to provide some information from past couple of days from the governor's COVID 19 Updates and content from the March 12th COVID 19 Webinar that you may have missed since you were seeing patients!

As a friendly reminder, Jeff Iliff is your Emergency Preparedness Contact. Your district preparedness team of hospitals, first responders, coroners, public health officials, etc. have collaborated to develop a unified response for your district. If you need help, call on them. Keep in mind, your experiences should be reflected in your preparedness plans as updates to your plan to count as this year's exercise.

As a member of the 60 + group, I am heeding State Health Commissioner Dr. Box's advice to stay home and take some time to get outside and enjoy a walk. I will get to that when it quits raining! I find that it is best not to focus on what I can't do, but rather appreciate all that I can do from home. My grand kids have e learning so they don't have to catch up on classes through the summer. Some grocery stores will do your shopping for you! I can face time friends and family. I can still "attend" church and my Bible Study thanks to current technology. I am sure there will be many positive lessons learned and inspirational experiences that all of us will be able to share when we reflect back on this novel experience. Most of all.....Thank you all for all that you are doing!!!

Watching for the Symptoms – Front Desk Triage all Appt. Requests

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases. Also known as SARS-CoV-2.

The following symptoms may appear **2-14 days after exposure**.

- Fever
- Cough
- Shortness of breath
- Fatigue
- Muscle aches

Emergency symptoms include:

- Difficulty breathing
- Chest pain
- Confusion
- Bluish lips or face

(sources March 12 COVID-19 webinar Youtube and Mayo Clinic)

NEW Guidance as of March 16, 2020 for Patients in Home Isolation

CDC Update – Recommends Testing for Persons with COVID-19 Under Home Isolation

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Due to the limited availability of testing supplies, your preparedness districts may have different directives. Contact [Jeff Iliff](#) if you need help connecting with your district's leadership.

During Wednesday's COVID 19 Update with the governor, Health Commissioner Dr. Box asked health care providers to use their best judgement to decide who needed testing as supplies for culture transports and testing is still in limited supply. She did report that they received 400 test results Wednesday as a result of Eli Lilly and other private laboratories performing tests. Initially, the CDC lab was the only testing site for the entire country. Consequently, it may look like there is a sudden spike in positive tests when in reality some is due to catching up on specimens that were waiting to be processed. As mentioned in some of the briefings, medical manufacturers, including Indiana's Eli Lilly and Roche Diagnostics, have responded in record times to improve testing, to find cures and begin the process of developing a new vaccine.

Dr. Box also mentioned the value of "contact tracing" by providers and staff. Documenting the contacts of patients testing positive provides clues for epidemiologists to track the course, extent and possibly the origin of the outbreaks, to determine mitigation strategies to prevent further spreading of the disease.

CMS Framework for Mitigation

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>

RHC Strategies for Communicating with Patients at Home

Tuesday, March 17, 2020, National Rural Health Association, Sr. Vice-President of Member Services, Brock Slabach, described the Health and Human Services (HHS) [expanded Section 1135 waivers](#) that included:

- Medicare Telehealth Visits (currently not available to RHCs)
- E-Visits (new service as of 2020. This a digital back and forth with the patient over 7 days. Currently not available to RHCs.)
- Virtual Check-ins – **RHCs CAN do this.** <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center>

Unfortunately, the expanded waiver does NOT allow Rural Health Clinics (RHC) or Federally Qualified Health Centers (FQHC) to bill for Medicare Telehealth Visits or E-Visits. CMS does not have statutory authority to issue a waiver for these purposes.

By contrast, some state Medicaid programs have been more progressive and allow payment for these virtual services. But these instances don't apply to Medicare beneficiaries. This makes it confusing, at times.

CMS will pay RHCs and FQHCs for Virtual Check-ins, although this payment program isn't robust enough to cover the cost of the care that would be provided using this method. (approx. \$14 for 5 minutes, requires copay)

This telehealth issue is now a legislative priority! NRHA, along with the National Association of Rural Health Clinics (NARHC), is advocating in current COVID 19 emergency spending bills moving through Congress to adopt Section 7 of the [Connect for Health Act](#). This would give statutory authority to remove geographic restrictions on FQHC and RHCs and allows FQHCs and RHCs to furnish telehealth services as **distant** sites.

Please contact your elected representatives in Washington, DC today to ask that COVID 19 emergency response legislation include NRHAs package of rural focused funding, which includes this provision to make RHCs and FQHCs **distant** sites for purposes of Medicare virtual health services.

National Rural Health Association's Government Affairs and Policy Vice President, Maggie Elehwany reported that tonight the Senate released its version of the [Phase 3 Covid 19 Stimulus Package](#), language is included in the Bill to make FQHC and RHCs distant site providers during the declared Covid 19 National Emergency.

We are grateful for our national organizations, NRHA and NARHC, for their tireless efforts as they advocate in behalf and alongside RHCs. Don't forget that your personal calls to your US Congressmen are of great value!
(source NRHA)

More About Virtual Check-In

For RHCs, G0071 is a valid 2020 HCPCS code for Medicare beneficiaries for brief communication through use of technology-based service, e.g. virtual check-in, telephone, texting, email, and patient portal. Here are the musts:

- Provided by an **RHC practitioner** who can report evaluation and management services: physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, and clinical social workers. If the discussion could be conducted by a nurse, health educator, or other clinical personnel, it would not be billable as a virtual communication service.
- Provided to an established patient.
- Does not originate from a related E/M service provided within the previous 7 days.
- Does not lead to an E/M service or procedure within the next 24 hours or soonest available appointment.
- Include at least 5 minutes of medical discussion.
- Initiated by the patient
- RHC Virtual Check-In FAQ <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf>

Other RHC Strategies for Communicating with Medicare Patients at Home:

Chronic Care Management for patients that qualify. Read more at:

<https://www.web.narhc.org/News/27712/Whats-New-for-RHCs-in-2019> and

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf>

Indiana Medicaid Issues Telemedicine Billing Guidance for Providers During COVID-19 Outbreak BT202022

Effective March 1, 2020, and through the duration of the Governor's Declaration of Public Health Emergency for Coronavirus Disease 2019 Outbreak, Indiana Health Coverage Programs (IHCP)-enrolled providers may use the following billing guidance for providing services through telemedicine. This policy applies to both in-state and out-of-state providers and all IHCP-covered services, with some exceptions for services that require physical interaction. This policy includes both Traditional Medicaid (fee-for-service) as well as all managed care benefit programs. All services rendered must be within the provider's applicable licensure and scope of practice.

Federally qualified health centers (FQHCs) and rural health clinics (RHCs) may bill for telemedicine as long as the service is considered a valid FQHC or RHC encounter. Please follow established guidance for the current telemedicine policy or use modifier GT with the valid encounter.

Indiana Code does allow a provider to use telemedicine to prescribe a controlled substance to a patient who has not been previously examined. Opioids, however, cannot be prescribed via telemedicine, except in cases in which the opioid is a partial agonist (such as buprenorphine) and is being used to treat or manage opioid dependence.

View the entire bulletin for billing and compliance with Bulletin [BT202022](#)

Insurance Removing Barriers for Testing for COVID 19

No-Cost COVID-19 Testing

- Private health plans, Medicare, Medicaid, Medicare Advantage and all other public insurance plans must cover testing for COVID-19 and related hospital or physicians' office visits at no cost. Testing will also not require prior authorization.
- **IHCP to cover COVID-19 diagnostic testing without copayments for members [BR202011](#)**
Effective April 1, 2020, the IHCP will cover the following new Healthcare Common Procedure Coding System (HCPCS) codes. Coverage applies retroactively to claims with dates (DOS) on or after February 4, 2020.
 - U0001 – **CDC 2019 novel coronavirus tests** (2019-ncov) real-time RT-PCR diagnostic panel
 - U0002 – **non-CDC laboratory tests** for SARS-CoV-2/2019-nCoV (COVID-19)

Details about coverage, along with the IHCP quarterly HCPCS codes update, will be published at the end of March 2020

- Members of the primary insurance industry trade association previously made commitments to do so, but federal lawmaking will ensure uniform coverage and implementation. The Indiana Family and Social Services Administration (FSSA) had already announced a no-pay policy for all Indiana Health Coverage Programs.
- Lastly, the bill includes \$1 billion in funds from the National Disaster Medical System to reimburse providers for costs of testing uninsured individuals. (source CKF.org and IHCP)

Catastrophic Plans

Today the Centers for Medicare & Medicaid Services (CMS) issued Frequently Asked Questions (FAQs) to clarify coverage for the diagnosis and treatment of the Coronavirus Disease 2019 (COVID-19) by catastrophic health plans. A catastrophic health plan generally may not provide coverage of an essential health benefit before an enrollee meets the plan's deductible. Through these FAQs, CMS is announcing that the agency will not take enforcement action against any health issuer that amends its catastrophic plans to provide coverage without imposing cost-sharing requirements for COVID-19 related services.

The link to the related FAQs can be found here: <https://www.cms.gov/CCIIO/Resources/Files/Catastrophic-Coverage-of-COVID-19.pdf>

Do you have patients who need health insurance coverage?

IRHA project Connecting Kids to Coverage (CKC), helps kids and their parents find coverage. The CKC-IN program has several navigators working across the state to reduce the number of Indiana children and families without health care coverage. This program's focus is on enrollment in the [Hoosier Healthwise](#) and the [Healthy Indiana Plan](#) (HIP).

To protect clients and staff from potential COVID-19 exposure, CKC is temporarily suspending in-person Indiana insurance application assistance at community locations; however, they are available to conduct telephone applications.

To find help contact: Tina Darling, MPA, Project Director/Indiana Navigator, Phone: 812-478-3919, ext 248, Email: tdarling@indianarha.org

COVID 19 Educational Opportunities and Resources

If you missed this webinar, you can view it on Youtube. 1 hour and 24 minutes.

COVID-19 INFECTION CONTROL WEBINAR & RESOURCES

March 12, 2020: Here are the resources provided in our COVID-19, Infection Control and RHCs Taylor Cottano with Southern Evals (infection control) and Patty Harper with Inquiseek Consulting (RHC strategies).

Links:

- [Recording of COVID-19 Webinar on March 12, 2020 with Taylor Cottano and Patty Harper](#)
- [COVID-19 Presentation by Taylor Cottano on March 12, 2020 \(PDF\)](#)
- [COVID-19 Presentation by Patty Harper on March 12, 2020 \(PDF\)](#)
- [Medicare Log from Patty Harper from InQuiseek](#) Used to track COVID-19 patients. Great resource.
- Presenter Taylor Cottano from Southern Evals - offers a collection of products on infection control policies, monitoring worksheets, etc. <https://sevals.net/shop?olsPage=products>

Patty Harper suggested strategically placing a travel poster in the waiting room to help patients remember to mention any recent travel. Consider risk factors for the clinic patient population, e.g. local industry that has international travelers. Review your kill/wet/dry times of your cleaners and hospital grade wipes. Make provisions for staff shortage. Review PPE guidelines. Patty and Taylor offered the following resources:

Cleaning products

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>

List of disinfectants for COVID-19

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Donning and Doffing PPE

<https://www.youtube.com/watch?v=quwzg7Vixsw> video

<https://www.cdc.gov/hai/pdfs/ppe/ppeslides6-29-04.pdf> slides

Handwashing and posters for the clinics

<https://www.cdc.gov/handhygiene/campaign/promotional.html> posters, social media postings, videos

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

Kid friendly handwashing video

<https://www.youtube.com/watch?v=qJG72sycQB8>

State to allow opioid treatment programs the use of lockboxes; provide naloxone to help reduce spread of COVID-19

Lockbox availability helps Hoosiers limit trips to opioid treatment facilities to receive medication

INDIANAPOLIS – In an effort to reduce the potential to acquire and/or spread COVID-19, the Indiana Division of Mental Health and Addiction, with support from Overdose Lifeline, will supply opioid treatment programs with lockboxes and naloxone kits. The lockboxes will enable Hoosiers, who are stable in their treatment of opioid use disorder, the ability to reduce their number of trips and time spent at an OTP to receive their daily dose of methadone.

Naloxone will be issued with the lockboxes as a precautionary method. Naloxone is a life-saving antidote for a person experiencing an opioid overdose. State law requires anyone administering naloxone to call 9-1-1.

Read more: https://www.in.gov/fssa/files/OTP_lockboxes_press_release.pdf

[Register Now](#)

Covid-19 and Rural Health Clinics

Tuesday, March 24th 11:30 am EDT

Webinar presented by Kate Hill, RN

Vice President of Clinical Services

The Compliance Team Inc.

- Centers for Disease Control and Prevention recommendations for clinics
- Signs and symptoms of COVID-19 infection
- Methods for preventing the spread of COVID-19
- Rooming a patient who might be infected
- Reporting procedures
- Recommended signage to include on clinic front doors
- Recommended measures to protect yourself, your staff and your patients

Questions and concerns can be submitted online during the Webinar

Indiana offers Psychological First Aid training in response to COVID-19 epidemic

Intervention approach is designed to reduce the initial distress caused by traumatic events and to foster short and long-term adaptive functioning and coping.

INDIANAPOLIS – The Indiana Family and Social Services Administration, in partnership with the American Red Cross Indiana, announced today a series of trainings in **Psychological First Aid for Hoosier health care and social services professionals**. Psychological First Aid is an approach to helping people who have been exposed to a disaster or traumatic event, in this case the COVID-19 pandemic. Beginning next week, the Red Cross will offer two virtual, instructor-led for health care professionals, social services professionals and the like who may be able to help administer Psychological First Aid should they encounter Hoosiers experiencing distress or needing help coping.

“Being a health care professional is a calling, and now is our time to rise to that calling,” said Jennifer Sullivan, M.D., M.P.H., FSSA secretary. “In this time of enhanced anxiety and uncertainty, we want to do all we can to equip health and wellness professionals with effective tools to support the mental well-being of Hoosiers. Psychological First Aid is a tried-and-true approach to reducing the emotional effects caused by traumatic events, so that Hoosiers have the best chance of maintaining normalcy.”

The Red Cross and FSSA are making two opportunities available for professionals to participate in this virtual training. To register for one of the trainings, click the link on the preferred date below to register. **Only the first 30 registrants will be accepted for each training session.**

- [Tuesday, March 24, 2020, 1 – 4 p.m. EDT](#)
- [Tuesday, April 7, 2020, 1 – 4 p.m. EDT](#)

“We know that both medical and mental health providers are likely to encounter individuals who are experiencing various levels of emotional distress about the outbreak and its impact on them, their families and communities,” said Jay Chaudhary, director of the Indiana Division of Mental Health and Addiction. “Providers should know how best to acknowledge the uncertainty people feel about emerging diseases and help Hoosiers understand that there is an emotional component to potential health concerns. This Psychological First Aid training is designed to help in this effort.”

DMHA also recommends that Hoosiers feeling distress or anxiety due to the pandemic call the Substance Abuse and Mental Health Services Administration’s Disaster Distress Helpline at 800-985-5990. This hotline provides live crisis counseling and is toll-free, multi-lingual and confidential. A text option is also available: Text “TalkWithUs” to 66746 to connect with a trained crisis counselor.

Dana Stidham

Indiana Rural Health Association

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