

Date: May 7, 2020

To: Genesis Rehab Services Business Partners

From: Lou Ann Soika, Chief Strategy and Administrative Officer

Re: COVID-19 Communication – Week of 5/4/2020

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## **HAPPY NURSES WEEK**

GRS would like to thank all nurses for your compassion, dedication, bravery, caring and collaboration. This year marks the 200th anniversary of Florence Nightingale's birth, and the World Health Organization (WHO) has designated 2020 as the international "Year of the Nurse and Midwife." We salute you!

We're also including a link with a list of freebies for nurses:

<https://www.registerednursing.org/nurse-freebies-covid-19/>

## **REGULATORY UPDATE**

On the evening of May 6, 2020, the Center of Clinical Standards and Quality/Quality, Safety, and Oversight Group released the "Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes." A summary of this document is as follows and the specific details are available [here](#).

- This document outlines the requirements for Skilled Nursing Facility (SNF) reporting of confirmed or suspected COVID-19 cases via a standard format to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).
- Reporting instructions are provided such as the frequency of reporting (no less than weekly)
  - SNFs must submit their first set of data by 11:59 p.m. Sunday, May 17, 2020
  - CMS will begin posting aggregated data by the end of May for viewing by long-term care facilities, stakeholders and the general public
- Updates to the COVID-19 Focused Survey for Nursing Homes have been revised to include an updated assessment of the new requirements for a facility to report this data to the NHSN and to residents, their representatives and their families
  - New survey tags are listed (F884: COVID-19 Reporting to CDC and F885: COVID-19 Reporting to Residents, their Representatives and Families)
  - Failure to comply with these requirements will result in an enforcement action whereby noncompliance will result in a deficiency citation and a civil money penalty (CMP) imposition.

- IMPORTANT NOTE: CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). CMPs will be imposed with delays in reporting.
- In addition, CMS has provided a Frequently Asked Questions (FAQs) document on this topic.

## **SOLUTIONS WEBINAR SERIES: “Embrace & Adapt Series: Supporting Healthcare Teams While Managing the COVID-19 Impact”**

In response to the current global situation, we have developed the "Embrace & Adapt Webinar Series" which covers topics related to the current COVID-19 impact on healthcare teams. Attached is an overview flyer showcasing the topics and dates. [Click here](#) to register for the final session.

### **TELEHEALTH:**

**Background:** Under the 1135 Public Health Emergency (PHE) Waivers and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), the Centers for Medicare and Medicaid Services (CMS) have been modifying numerous regulatory requirements to expand access for patient care. We're very pleased to announce that last week, on April 30th, CMS added Physical Therapists, Occupational Therapists, and Speech Language Pathologist as eligible providers of telehealth. This is a significant professional victory for rehabilitation professionals to support our continued quest for access to skilled and medically necessary patient care for Medicare beneficiaries, patient and staff safety, and the support of efforts to curb the spread of COVID-19.

**Financial, IT Systems and Billing Impact:** While CMS has provided this essential approval for telehealth, some of the details have not yet been outlined and therefore require clarification prior to implementation:

- What we do know is that CMS has provided a listing of covered telehealth rehab services and these billing codes listed include many of the codes currently used by clinicians for face-to-face treatment interventions.
- It is clear from the CMS notices that this new temporary telehealth coverage applies to therapists in private and group practice settings (i.e., those who bill with a CMS-1500 claim format). However, its applicability to institutional settings/providers (i.e., those who bill with a UB-04 claim format), such as skilled nursing facilities and rehab agencies, is uncertain. This point has created significant confusion and concern by GRS and other rehabilitation providers.

While this is an obstacle to the immediate implementation of telehealth services, GRS continues our efforts to plan for an expansion of this valuable virtual service through our interprofessional work group. This team, which consists of numerous functional lines within GRS (such as regulatory, clinical, operational, billing and IT), continues to dedicate efforts to ensure a full and successful expansion into telehealth. We also continue our collaboration with our IT vendors

(Optima and PCC) to ensure readiness and compliance with regard to proper billing practices. At this point in time, any billing of telehealth services would require a manual process and our goal is to ensure not only ease of access to patient care but also ease of billing of the services through an electronic process.

**Clinical and Operational Impact:** Up to this point, our organization has been planning for this exciting moment and exercising our ability to support patient care and our clinicians through the use of e-visits (a non face-to-face patient-initiated digital communication) and telesupervision (supervision of assistants/patient care via a virtual method). These types of virtual services have provided additional options for care and supervision during this unprecedented emergency. We've received positive feedback from patients and their families, as well as from our clinicians, and we look forward with great anticipation to provide access to care through yet another method.

Currently, we are providing weekly education for our therapists, DORs, and COADs on best practices, safety, and compliance during telehealth sessions. As of May 1, 2020, we educated the therapists, DORs, and COADs who will be participating in our pilot program.

**Advocacy:** GRS is partnering with the therapy professional associations and health care industry associations to advocate for institutional and agency providers to be eligible to provide and be reimbursed for telehealth services and to seek clarification regarding implementation details and claim submission requirements.