

PYA Webinar: “COVID-19 Compliance Today and Tomorrow”

Presenters: PYA Consulting Senior Manager Sarah Bowman, Principal Barry Mathis, and Consulting Manager Susan Thomas

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Disclaimer: To the best of our knowledge, these answers were correct at the time of publication. Given the fluid situation, and with rapidly changing new guidance issued daily, be aware that these answers may no longer apply. Please visit our COVID-19 Hub frequently for the latest information, as we are working diligently to put forth the most relevant helpful guidance as it becomes available.

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0:05

Good morning, everyone and welcome to today's webinar hosted by PYA, “COVID-19 Compliance Today and Tomorrow.” PYA is a leading Professional Services firm providing expertise and healthcare tax management consulting and audit and assurance. We are pleased to offer you our thought leadership on this important topic.

0:29

All attendees have been placed in listen-only mode. You may submit written questions using the question pane of the control panel. Our presenters will address as many questions as possible during the Q&A session at the end of the webinar if we cannot answer all questions due to time limitations, we will supplement the recording of This webinar with are written responses. Please be aware with more people using online platforms outages.

0:59

Occur should the webinar be paused we will work to restore it as quickly as possible and all of our webinars are recorded and released after the event with that. I would like to introduce our presenters are Sarah Bowman and Susan Thomas.

1:22

Thank you, Laura. My name is Sarah and I'm a senior manager at PYA in compliance advisory practice frequently assist clients with analytic services related to physician hospital financial and strategic modeling compensation modeling productivity assessment 340b and other Regulatory Compliance initiatives today. I am joined by my colleagues Susan Thomas and Barry Mathis. Susan serves as a manager in our compliance advisory practice

1:52

and spent three decades working in a variety of managerial and clinical capacities including compliance management, clinical department leadership, provider practice administration, internal audit and healthcare advocacy as a former corporate compliance officer. She routinely assists clients with program and risk assessment among other compliance services.

2:16

Very thorough.

2:45

Next slide please.

2:47

Today, we'll discuss the ever-changing COVID-19 compliance landscape including recent government actions waivers, credentialing, and appropriate use of additional healthcare staff revenue cycle reimbursement and research as well as the operational implications of new and eased legislation.

3:06

I'll provide an overview for provider who may now be seeing Medicare beneficiaries from their homes. Then Barry will give us an important update on maintaining the Safety and Security of an organization's Information Technology resources in light of the global pandemic. And with that. I'll hand it off just to get us started.

3:38

Great. Thanks, Sarah, for that introduction and good morning everyone, thanks for joining us today. I think we can all agree right now we're living in some strange times. Lots of changes just like the implications on how we operate how we do our jobs folks.

4:01

I would guess a lot of you folks are at home, hunkered down, and doing your part to support your organization and also just helping the community by staying home. So, I applaud you all for that. As Sarah mentioned. I am a former compliance officer. I'm also in another life I was a respiratory therapist.

4:22

So a lot of the clinical news about COVID-19 really hits home and it's just has such a dramatic impact on all aspects of our industry, but as we were hunkered down at home, we have a little time to think and so we wanted to share with you some information that will hopefully bring to light some of the compliance implications associated with this pandemic. I know as compliance professionals, we are anxiously watching all of the legislative and Regulatory actions that are happening each and every day. The changes are definitely welcomed in order to enable us to provide care

5:07

For our patients and honestly to keep our doors open.

5:11

However, we all know that the scope and the significance of all of these changes has some pretty dramatic compliance implications, and I've been in compliance long enough to know that there will be a reckoning. The federal and state legislatures, the OIG, CMS, and the other oversight agencies are working overtime to allow providers to do what needs to be done in response to COVID-19. And hospitals and other providers have to be prepared to validate that they are meeting all of the various requirements of the waivers and the regulatory changes and that there's sufficient documentation in place to show that the requirements have been met. Additionally, at some point, we must be prepared to go back possibly to the previous regulatory State as many of the changes appear.

6:07

Be temporary in nature, or at least the changes will be subject to possibly further changes.

6:13

So, in response to the pandemic, federal agencies have taken many actions to offer healthcare providers quite a bit of flexibility in order to provide access to services, as well as to relieve some of the financial constraints. In that way providers can hopefully meet the increased demand for urgent health care, and again, keep their doors open and maintain their workforce. These changed and/or relaxed requirements are creating confusion when it comes to the appropriate healthcare response. While the changes allow for some very much needed assistance to meet our patient needs,

6:55

we have to have caution to make sure that the regulatory requirements are met and that there's careful documentation of any modifications in our processes. And we want to maintain that documentation and validation in some type of central repository for future use. Some type of a process to report, track, document, and follow up on all the procedural changes has to be established. And for some of you, who are in surge sites, that's a hard concept to think about, but it's going to be absolutely crucial that there's some methodology in place to keep track of all the various changes that that you're implementing. With that the compliance officer can be an extremely valuable resource to organization, as kind of the guardian and the overseer of this crucial information. It's going to be very important to have one source of truth to effectively manage the information associated with the changes, and to be prepared to defend your organization's response. To that end as part of our commitment to sharing timely and relevant information with you all regarding the impact of COVID-19, this webinar

8:17

is going to provide you an overview of many of the compliance considerations related to the public health emergency. But please note the information continues to evolve as we speak, it's evolving as the COVID-19 situation develops.

8:35

So, this webinar is not intended to be a comprehensive summary of all recent relevant legislative and Regulatory action taken. Instead it intended to illustrate this changing landscape of compliance officer's role in protecting their organizations in these unprecedented times. So before acting upon any information that you receive, we'd like to offer you some assistance, by utilizing the PYA COVID-19 Hub, we'll provide some more information on that later as well as your trusted government and Industry resources.

9:17

to verify any of the necessary changes. next slide, please.

9:24

So, we've taken this webinar and made it into a composite of the different changes in tried to categorize it by topic. So, let's begin with the emergency protocols and government actions. Obviously emergency disaster protocols are a key consideration for all healthcare organizations. And that is no truer now than ever. It's critical.

9:48

That an organization develops and implements an effective disaster protocol that you test it and make sure that the steps that you have in place are effective. Federal waiver required information. Excuse me, Federal waiver information has addressed the requirement for healthcare organizations to develop and Implement emergency preparedness procedures, especially for the surge sites at hospitals additionally states are providing emergency relief and support.

10:22

For provider organizations, and these programs have specific eligibility and performance requirements and final and additionally difficult challenging decisions will have to be made and those who are in some of the high surge areas are already experiencing that you really need to review and update your ethics policies to make sure that you have some clear processes for resource allocation, including Staffing.

10:52

Patient care space availability equipment use an allocation PPE provision and COVID 19 testing and treatment in regard to FEMA system. There has to be a robust tracking system in place to account for the associated costs that your organization will want to claim is extraordinary expenditures related to the disaster providers. However, should be cautious when deciding to pursue various grants.

11:22

And different types of funding as our provider organizations are precluded from receiving funding from multiple sources for the same incurred cost again documentation is going to be key in order to track that next time.

11:42

So, some further government actions include the Marshall Plan for healthcare systems. This was part of the cares act and it includes several Provisions. There's information related to coverage for COVID-19 testing and treatment. It also addresses Grant programs to promote the use of Telehealth services to private sector partnership to expedite Diagnostics and vaccines developed.

12:12

Home Health prescriptions by non-physician providers such as nurse practitioners and physician assistant's guidance for medical device and Drug manufacturers and healthcare Workforce Development during the pandemic on April 3rd HHS.

12:30

Secretary Azar announced that a portion of the Marshall Plan funding will be used to cover providers cost for delivering COVID-19 care for the uninsured for Riders will be reimbursed at Medicare rate for services provided to uninsured individuals. But in order to receive these funds of Provider must agree not to balance Bill the uninsured individuals for their cost of care and then related to the part to privacy Provisions passage of the

Care Act broadens the scope of permissible substance. Use disorder related disclosures that have been protected under part.

13:12

To most importantly the cares act stipulates that once a patient gives written consent for disclosure Phi may be used or disclosed for treatment payment or healthcare operations as permitted by the HIPAA rule.

13:29

Whereas if you remember previously part 2 required an explicit disclosure for every issue of Phi so this the cares act aligned Part 2 disclosures with HIPAA disclosures with these changes though providers should make appropriate revision to their policies and procedures, excuse me regarding the use and disclosure of Phi and that also is going to mandate updated consent forms for part two programs next slide, please.

14:05

A couple important waivers that we need to talk about obviously see the EMTALA waiver is a really impactful consideration for compliance program CMS is waving enforcement of EMTALA. This will allow hospitals psychiatric hospitals and critical access hospitals to screen patients at off-site locations in order to prevent the spread of COVID-19.

14:35

The waiver information addresses the requirement for written policies and procedures for emergency services at off-campus hospital departments at The Surge facilities only and this relates to the assessment initial treatment and referral of patients.

14:53

So, while the facility can inform patients of alternative treatment locations, once a patient presents to the emergency department EMTALA does imply and the medical Reading exam must be provided at that location. Even if the patient is subsequently relocated the HIPAA waiver allows for certain sharing of Phi outside of the HIPAA Privacy Rule requirements. However, it's applicable to situations only to those situations that need the following conditions. So, the area has to be included in a public health emergency the hospital has implemented there.

15:35

Disaster protocol and it applies only for a period of 72 hours from the time. The disaster protocol is implemented. So, while the waiver is helpful, it definitely has some strict requirements associated with it the next slide.

15:54

We're going to talk quite a bit more about Telehealth a little bit later in this webinar. Sarah's going to give us some more details.

16:03

And also, we would like you to refer you to our COVID-19 Hub on the PYA website for summary of The Many rules and changes regarding Medicare coverage for Telehealth and communication technology Based Services, but some of the changes that Telehealth obviously are going to impact coding and billing requirements.

16:30

But additionally the changes will eliminate the penalties for non-compliance with the HIPAA rules related to Telehealth when you're using nonpublic facing communication methodology such as FaceTime messenger WhatsApp and Skype and also there will be some cost sharing waivers related to tele services, and there's going to be expanded use of Telehealth and hospice Home Health FQHCs rural health clinics and also in end-stage renal disease programs as we mentioned previously it since it is essential to ensure that any process modifications that you make in response to the Telehealth changes meet the Regulatory and legislative requirements next slide, please So this was a summary of Medicare Telehealth services that CMS has published. They have CMS has broadened access to Medicare Telehealth services.

17:38

So that their beneficiaries can get this wider range of services from their doctor without having to travel to a healthcare facility under the Telehealth waiver Medicare is able to pay for office hospital and other If it's furnished by Telehealth, it also allows a range of providers such as doctors nurse practitioners clinical

psychologist licensed clinical social workers to offer Telehealth to their patients as long as they meet the waiver conditions next slide.

18:16

It's important that your organization has a process in place that allows for provisional provider credentialing and Licensing for obvious reasons in order to get the workforce in place. That's necessary take care of the essential patient care services CMS is Workforce changes apply immediately and they address supervision licensure certification as well as other limitations in healthcare settings.

18:46

things including critical access hospitals rural health care clinics fqhc Smith's Home Health agencies and hospice these actions that pertain to work force changes are part of an unprecedented array of temporary regulatory waivers and new rules that CMS recently issued and they're intended to help the American healthcare system gather its Workforce in order to respond to Covid-19 CMS has published a really nice guide fact sheet called the COVID-19 emergency declaration blanket waivers for healthcare providers on their website and it offers a complete list of Workforce flexibilities that CMS has recently permitted.

19:36

So with position compensation exceptions the Stark blanket waivers, give healthcare organizations greater flexibility in crafting Financial arrangements with referring Physicians as well as their immediate family members in addition to supporting Physicians on the front line who are caring for COVID patients the waivers permit healthcare organizations to address medical practice or business interruption in order to maintain the availability.

20:05

E of medical care and related services for patients in the community. These waivers will also impact lease Arrangements Professional Service arrangements and non-monetary compensation. So, the start changes are significant and obviously Stark is a compliance officer one of us compliance officers' favorite pieces of Regulation. So, it's important to get a good handle on what changes are associated with the blanket waivers providers May request.

20:35

waivers to certain requirements under Stark, but they also must be able to address the dissolution of these actions upon the end of the COVID emergency next slide, please so position practice enrollment relief, your organization must have a process in place to accommodate four Provisions for emergency provider enrollment in order to meet patient care needs an organization that is relying on the anklet waivers must maintain records related to the use of the waivers. As this information may be requested by CMS following the emergency period although the blanket waivers. Do not require the submission of specific documentation or notice to CMS in advance. We really encourage providers to develop and maintain records as a best practice in order to validate that the waiver requirements were met and similarly when healthcare workers are utilized in alternative.

21:35

Does or if unlicensed staff are engaged for emergency care delivery, your organization must have a process to redeploy available staff where needed during the emergency period and the organization must monitor the use of reassigned staff to ensure that proper patient care is delivered and documented next slide, please.

22:00

The organization is disaster plan that we talked about earlier must provide for increased patient access. You're going to need additional Staffing in these areas to just be able to accommodate and significant increase in patients coming into high traffic areas.

22:22

You're going to need to look at alternative procedures adaptable technology and just Really have to think about protecting the health care workers protecting the patients and making sure that how the patient's access care is safe and meets all the needs to combat. Just the increasing numbers that that are especially our surge sites will be seeing for your remote workers or telecommuters.

22:56

The organization must have a process in place that allows non-essential workers like compliance officers to work from home. You must also ensure that confidential and proprietary information is safeguarded because it

is critical to confirm that your IT infrastructure can support work at home with data privacy and security and making sure that those work-from-home arrangements are consistent with your organization's existing information security policies and procedures.

23:29

I please Regarding revenue cycle considerations your organization must Implement processes to meet the expanded use of Telehealth including appropriate documentation the accurate use of procedure codes modifiers and place a service and also as previously mentioned CMS has said that they will reimburse providers at the Medicare allowable rate for COVID-19 care provided to uninsured patients.

24:00

However, it goes without saying that there will likely be additional care required to treat chronic and other acute conditions for these uninsured patients. So again, documentation and record-keeping are going to be important in order to meet some of these revenue cycle changes next slide, please.

24:26

so in order to increase cash flow to Providers impacted by the pandemic CMS has expanded the current accelerated and advanced payment program to a broader group of providers by extending the option for most health care providers to request and receive accelerated Medicare payments for three month period CMS is authorized to provide these payments During the period of the public health emergency to any Medicare provider or supplier who Submit the request to their math and making sure that they meet the required qualifications.

25:03

In addition to the accelerated payment program on Friday HHS began Distributing.

25:11

The 30 billion dollars in relief funds to providers by their taxpayer ID number These funds come from a 100 billion dollar appropriation in the cares act the funds are distributed by TIN and each TIN will receive approximately 6.2% Of its 2019 Medicare fee-for-service payments. This does not however include Medicare Advantage payment not surprisingly the use of the relief funds that sounds really great. But it comes with strings attached including the requirement to a test within 30 days that the funds have been received and to agree to follow the relief funds terms and conditions and this is a mere 10 page list found on the hhs.gov website.

26:02

these terms and conditions along with the requirements of the advance payment and pay paycheck Protection Program funds will require documentation monitoring and the ability to report next slide, please so the news has been quite a buzz with different types of research and clinical trials related to COVID but one consideration that you need to be thinking about is with Current research and clinical trials not related to COVID your organization must consider pausing the face-to-face research activities.

26:47

With patients, except those activities that affect the safety and the well-being of the testing subjects. And then of course, it's activities are related to COVID, those would be permissible to continue. One moment. Sorry.

27:12

So, you're going to need to be able to notify the affected individuals of any kind of a pause. But again, if the research is specifically related to COVID, you must have a process in place to review that study carefully and to make sure that you have proper approval for any type of research or related testing. next slide.

27:38

So, we put together a list of the numerous operational implications of this new or eased legislation. And so, I just kind of want to run through these pretty quickly and just to give you an idea of the scope in the significant the numerous legislative and Regulatory changes. So, CMS has issued numerous waivers.

28:09

For hospitals and other healthcare Providers and included in these waivers and the impact on organizational operations are a wider use of verbal orders discharge planning information requirements for post-acute care patient Choice requirements following discharge the time frame for reporting disease.

28:37

He's caused death in an ICU that involves softer straight flexibility in completing medical records, the conditions of participation related to medical record department organization and operation flexibility related to Advanced directives information conditions of participation related to utilization review next slide.

29:07

Also, the requirement for having a nursing care plan in place for each patient. There's some time frame flexibility there the requirement for a current approved therapeutic diet manual.

29:25

Signature and proof of delivery requirements for parts be drugs and DME requirements related to involuntary patients supervision for CRNA teaching Physicians are able to supervise residents virtually and supervision requirements required for certain hospital outpatient therapeutic services.

29:52

So, I would guess that a number of these have been on your compliance work plan in the past and at least for the near future some of those work plans are going to need to be changed or shifted to accommodate for these implications. So, while providers need to be aware of the all of the waivers and changes and how they impact the day-to-day operations of their facility.

30:17

They also need to be aware of when the waiver application when it ends and how to immediately revert back to the prior requirements and that in and of itself is going to be a tremendous challenge, I've also included on this Slide the another fact sheet that relates to the blanket waivers and this is a really nice list that CMS is put together that details the different aspects of the waivers and what kind of considerations go On with those go to the next slide, please.

31:01

so just a few more considerations to talk about very quickly, obviously for interactions with law enforcement there needs to be consideration for how to share patient information appropriately as well as to protect paramedics police officers First Responders from becoming exposed to COVID so your organization needs to have a process in place to appropriately disclose Phi such as the name or other identifying information about individuals and you need to be able to disclose that to law enforcement paramedics and First Responders in order so that the patient's get necessary treatment and again that the First Responders and law enforcement have the ability to protect themselves from Becoming exposed and unfortunately theft of PPE personal protective equipment has become an increasingly important issue. So, to maximize your organization's protection of your Frontline healthcare workers.

32:18

You need to have a security process in place to safeguard PPE from theft and ensure that you have a robust inventory and distribution process and Place to monitor PPE that's coming into the organization and how it's being distributed next slide.

32:41

And along with some of the things that that we've been hearing about there are some bad guys out there who are just waiting to prey on vulnerable organizations and individuals that have been affected by this pandemic some things to be on the lookout for email and marketing schemes. Make sure you have procedures in place to protect your important systems that support COVID-19.

33:11

Response efforts be aware of something. That sounds too. Good to be true. I know that just personally I have gotten several emails from different companies with all sorts of, you know, miraculous offers.

33:29

And so those things just really need to be looked at there needs to be some discernment to make sure that whatever is being offered is legitimate and has been proven to be effective and then similarly with prescription fraud the FDA is working hard with our vaccine and Drug manufacturers to come up with new vaccines and to find new drugs for treatment of COVID as quickly as possible. Unfortunately, again, some people and companies are trying to profit from the pandemic by selling unproven and illegally marketed product that make false claims.

34:11

Such as being effective again COVID-19. You must make sure that you have a process in place to closely monitor any new products any off label drug use and report suspected prescription drug fraud appropriately next slide. There are also some dangerous pandemic schemes that involve faulty inferior and even unsafe products and services.

34:41

So, make sure that your organization verifies that the medical products that you are going to use for patient care registered with the FDA. There can be some exceptions for items temporarily permitted for emergency use by the CDC and one notable exception is using industrial n95 masks for Frontline workers. But again, the use of these products needs to be monitored for risk.

35:11

Location and potential legal action that might occur following the pandemic and finally your role.

35:22

The role of your organizations involvement with the patient safety organization will be able to greatly assist in managing safety information as well as the outcome incidents. So, make sure that the PSO is maintained to be tracking safety events quality information. And in order to once we get kind of pasta.

35:52

We can do some good evaluation come up with better processes and planning based on some valid data.

36:01

Next slide please. So, as the situation continues to develop PYA will provide additional updates on relevant compliance considerations including extensions for cost report filing reporting for Quality metrics loan modifications paycheck protection programs healthcare real estate issues Hazard pay and many others as the week evolves.

36:31

Before us additionally PYA is in the process of developing compliance consideration checklist, and this would be for you to use as an inventory of the numerous COVID-19 changes. So, please stay tuned and check back on our website for this valuable resource at this time. I'm going to turn the presentation over to Sarah Bowman. He's going to talk to us a little bit about the 340b program as well as some updates to Telehealth.

37:00

Sarah Thanks Susan. This is giving us a great overview of the impact of many of the blanket waivers that have come out for other areas and healthcare.

37:12

We've received some questions surrounding 340b program flexibilities in light of all of these other announcements and the challenges that healthcare Providers are currently facing specifically we've gotten some questions about whether or not there are waivers that apply to the 340b program that would allow for some Reese flexibility for covered entities participating in the program and while we are not really seeing that specifically we are seeing some things that we think could be potential positive opportunities to expand 340b program savings during this times as long as providers are also doing their due diligence to stay in compliant with all of the existing guidelines at the program. So, her son has a code.

38:01

19 resources page out there on their website. They have encouraged covered entities to reach out to the 340b prime vendor with a specific program questions, but from a program perspective overall. It's important to keep your eligible prescriber listing current.

38:21

There may be some opportunities to pick up on additional 340b program savings from additional delivery mechanisms such as Telehealth as well as the use of additional prescribers if your healthcare system has brought in additional prescribers either from retirement or from other communities to help with a surge in patients or to plan for a surgeon patient. So, it's important that those eligible prescribers get added and your split billing software to make sure that all COVID outpatient drugs are being appropriately captured. And of course, with that is a little bit of a double-edged sword.

38:59

So, once you have increased your provider, Temporarily for Kobe 19. It's also important to make sure that that shrinks back or goes back, and those providers come off of the list. Once we get on the other side of this and those providers are no longer a part of your organization.

39:19

It's important to make those updates not only to your billing software but also to your contract Pharmacy contract Pharmacy and prescriber listings so that all of those Prescriptions are qualified accordingly person plans as far as we know to continue conducting audits of covered entities. I think some folks will kind of choking for a little bit of a reprieve and audit activity and so far, we're not seeing that they have said that they plan to continue to do audits remotely.

39:51

So, it's really important for covered entities to continue to maintain auditable records to support responsibility for caring for those patients person has said that they understand that for May not have access to all of the school aspects of patient medical histories demographic information insurance information due to Public Health Emergency.

40:11

And so they have said abbreviated health records are adequate for purposes of the 340b program that that's time but at a minimum it's record should identify, of course the patient the medical evaluation that's being perform and then outline the treatment provided or prescribed for that patient in addition if you Are a covered entity that's using volunteer health professionals to deliver care versus going to expect to see some documentation that clarifies the relationship between that provider and a covered entity as well as maintaining the covered entities responsibility of providing care to that patient. So, your standard eligibility for criteria check still apply from a patient covered entity and prescriber perspectives and make sure you've got documentation to support.

41:01

All of that and make sure that you've got documented the name and address of the volunteer as well as their relationship with the clinic or with the hospital to recognize the emergent nature of the situation that we are all in and then obviously to promote social distancing and decrease risk. A lot of organizations are offering telemedicine or even enhancing or expanding their telemedicine services.

41:27

And so it's important to make sure that your 340b program policies and others cover all of that as well making sure that the documentation that exists for telemedicine services also provides an auditable record and again helps maintain all of the eligibility criteria that are required for 340b and then as organizations experienced an increase in patients, some may need to expand or reallocate services to other sites. And so, at this time her son has not outlined any flexibility and the child's heart.

42:01

Stripes and process that quarterly enrollment cycle process covered entities are encouraged to contact the prime vendor program for evaluation and their circumstances on a case-by-case basis. So just to reiterate right now, we're not seeing any blanket waiver specific to the 340b program at this time next slide, please.

42:25

We are seeing for just a fortunate share hospital Children's hospital's freestanding cancer hospitals. Those are the covered entity types that are subject to the GPO prohibition person has said we're not able to waive those requirements because those are program statutory requirement. So those covered entity types still may not use GPO for purchasing covered outpatient drugs.

42:51

So her style has noted that if a hospital is not able to Just a covered outpatient drug at the 340b price as it typically would is to try to obtain the drug at wholesale acquisition cost First and if the drug is not available at like they can use a GPO only if they also immediately notify office of Pharmacy Affairs and detailed the drug in question.

43:12

I mean you facture and all that kind of audit Trail if you will about that, it's very important for providers to have their eyes dotted and T's crossed if that has to happen because violation Of the GPO prohibition is one of the very few things that can lead to an immediate removal of the from the 340b program. So, we just encourage you

if you have to do that, make sure to use hearses template unavailable 340b price is the name of that Temple at this on their website. And then last but not least just be mindful of the COVID-19 treatment options that are currently available and their orphan drugs data.

43:49

So there are a couple of drugs work when Hydrochloric one and Severe that are in various stages of Youth for COVID-19 and of those of those drugs or equipment and render severe are included on the orphan drug listing which means that critical access hospitals full community hospital rural centers and freestanding cancer hospitals are prohibited from purchasing these medications at discounted 340b prices.

44:21

So just be mindful of all these things that the you work through this time next slide, please.

44:29

I'm going to transition a little bit here to Telehealth as Susan mentioned and gave us an update on the various some of the various updates related to Telehealth. We've had a little back and forth from a coding and billing perspective couple things to be aware of so as Susan mentioned there was a significant expansion of Medicare coverage beyond the initial section 1135 waivers. So, the patient is no longer restricted to a rural area or qualified location.

44:58

And the patient can now be seen at home anywhere really the list of covered Services when the Medicare perspective has been expanded as Susan mentioned earlier virtual check-ins any visit, but the eligible provider list is not expanded at this time to be aware of that. The physician does not have to be license in the state where the patient was Dodge if the state has also relaxed its licensure requirement and the place of service to be billed should be the same.

45:28

Location that would have been reported have a service in furnished in person. And if you know absent the COVID-19 public health emergency situation.

45:38

So, if the service would have normally been build an office setting using place of service 11 you would you would still build it in that manner and this is a reversal of some earlier direction that indicated that providers should use Bill using place of service to Next slide please.

45:58

Providers are being asked to include the 95 modifiers. It is not necessary to include the CR modifier, which is for a catastrophe or disaster related service. It's a place of service is a hospital outpatient Department. The facility fee is also able to be billed providers should submit claims to the Medicare administrative contractor that is serving that providers location regardless of where the beneficiary Rivage.

46:28

And Telehealth services are going to be paid at non-facility rate to compensate practices for those Telehealth Associated cost. So that's good news. As Susan mentioned. The OIG is permitting a waiver of beneficiary cost service sharing give me cost-sharing for those services and with that Telehealth update. I will turn it over to Barry to talk with us about information security.

46:53

T thank you, Sarah with all the things that Susan and Sarah has covered. You would think that would keep you busy and enough to worry about but no, we also have the cyber security Susan had mentioned. They're just those people out there that see this as an opportunity to take advantage just to give you an idea of how much, so I spent preparing for the webinar a little time out.

47:23

The dark spaces where people tend not to want to go but if you want to understand it's kind of where you learn there's almost an 800 just in the last 30 days eight hundred percent increase in the amount of conversation activity to how to where can we what can we do around taking advantage of the healthcare systems with COVID 19 now early on when I say early on I mean maybe a month ago.

47:53

This kind of self-organized Bad actors within the Cyber threat Community had come out and said on a lot of forums inside the dark web that they encouraged one another not to take advantage of the COVID situation and some of these groups will call them criminal organizations stepped up and basically said we threaten you if you take advantage of these we may come after you and your organization.

48:24

Even as criminals a lot of those did China kind of piped in and said they would not some Russian said that they would not but a lot of others didn't in the beginning and now what's happened is even those you in the beginning said we want to take advantage of this have come out and said in this is in some of these forums what if we just don't affect them now what if we infect them now and we take advantage later when they're back on their feet and the money's flowing.

48:53

Owing and the comment that I quote, and I'll read it right off the what I got off the dark the dark web. There now is the time what could be worse than dealing with the existing situation without your information systems. There are trillions of dollars out there. Let's go get it. So, their idea has changed a bit which means my antennas up a lot higher in terms of determining what you have to be protected against and in the simple thing the simple part of this is it doesn't change what we should be doing.

49:23

Wait, it's really back to the basics. They're still to risk their out there. There are the external actors best where they're trying to get to us. And then there's the internal risk. That's how we follow our policies and procedures that protect us. For example, one of the if I said, there's two things that you need to do in your organization to protect you the number to one and two things is patch your systems above everything if you've been waiting if your it Department if your vendor has been sitting on a patch waiting for the right time Now's the Time.

49:53

If it's Microsoft related if it's web-related get it passed as to one of the best things.

49:58

You can do beyond that think before you click if it looks suspicious like Susan said one of her slides don't click it ask a question verify what it is before you simply jump in but those two areas have it changed what has changed is the activity the amount of activity so much that the cyber security infrastructure cyber security cyber security infrastructure agency the sis of the national agency has Mount said that this is now an apt or what they call an advanced persistent threat. That's kind of like that's Defcon 1 but the cybersecurity world that means that there's so many Bad actors out there that you need to be on your guard every single day and let me repeat what I said in the beginning they have come to the bad guys have said rather than hurt you now, I'll simply infect you now. I'll get into your system and I will lay low and when all this is done.

50:53

One then I will launch my ransomware when you're back on your feet and you have cash flow and you can pay the ransom. I will get I will get you then. So next slide, please how they're coming in. The door is the phishing campaign still the note the number one way to get into your doors that email it's a big money maker for them. Then it is a big money maker of them. Now some of the lures have changed and we'll talk about those.

51:21

The second was the malware distribution once they I mean, they're not just looking for the information. They're looking to take over the system with the malware the read somewhere those sorts of things and then there's also been a huge increase 1700 just around Zoom alone register a new domain names. That's a that's a website where you can go to free to use a free webinar to use a free video conferencing where you don't have to pay Microsoft or something like that Seventeen hundreds of those using the term Zoom when it really wasn't Zoo.

51:53

Umm, doing it often very rapid deployed remote access telecommuting. It's free take advantage of it. You don't have to pay somebody will do it for you. We just advertise and that's how we make our money and all of those are actually set up to monitor all the activity that's going through that website and collect the information and use it.

52:14

So, it on the dark web next slide Matthew So the things that they're doing to create these email phishing campaign. So attractive is they're using the things that everybody's looking for. You're out there. Thus, the Johns Hopkins website which by the way is a fabulous website over a billion views as it tracks this COVID-19 process early on that site that website was spooked meaning someone had a website that looked exactly like that. Okay and would send out an email.

52:47

It says here check out John Hopkins website and it actually took you to a malicious website and then ask you to provide credentials and things like that or when load malware onto your system. They've since killed that but there are others out there like that. They're using things like from the HR department. This is coming from HR to make sure that you're going to get paid this relief money when it comes in.

53:08

There are all kinds of funny things were saying, but I need you to verify your online account and you put in that and they grab those credentials will talk about the In a minute, all of these malicious files being attached to messages from the president or the organization. All these kinds of things happening is just a way a lure to get you to click that that email next slide Matthew. I took four of the most common I filtered out if I go out there, I look at all the successful email campaigns that are going on.

53:42

I filtered out the top for these are the top four That You See 20/20 Coronavirus virus updates coronavirus updates you confirmed cases in your city that sort of thing and people are simply clicking these and immediately going in and they don't realize that what's been loaded on there is a key logger the most common payload for these is to get you to click and take you to something that actually looks very legitimate and might satisfy your current need for I need the information. But at the same time, they delivered a key logger that from now on they're tracking.

54:17

Keystrokes everything that you do, and they'll figure out what's the password what does an ID and they'll use that later on again lay low and attack later. So, well you say but I only use it for work, and I go through my Works DPN. Well, let me ask you this. Are you logging into other public websites while you're logged into your works the pain if the works VPN is not patch like it should be you could and then put that virus or malware into your Works path again their responsibility for keeping.

54:47

The patches and protecting you but the best thing you can do is simply don't go to those places unless it's verified and validated or maybe even comes from your work and you validated that so just be careful while you're out there clicking around next slide.

55:03

The credentials are probably the single scariest piece of this the malware a lot of our behavioral-based protection keeps us from getting ransomware these days. There's a lot of things that can protect us on our end to save us from malware credentials is really within our control because here's as a bad actor how I get your credentials you type in your ID and your password.

55:30

Because I've said I'm from HR once I have those credentials then I can go anywhere I want and if you have to have someone be someone with elevated access anywhere you can go I can go and I can affect other systems and other things and I'm typically aren't trying not to do anything to get me notice. I'm trying to worm my way through your system. But where I started was with your ID and your password because you've provided them.

55:51

So in any case where somebody's asking for an ID and password Associated to work, I would pick the phone up and call somebody and say are you really needing my ID and Where I just want to confirm this with you before I do it next slide, please just a few minutes. I'm going to try to move through these again the malware the agent Tesla I talk about the keylogger. That's the most prevalent that's out there right now. It is being handed out like free candy on the dark web anybody and everybody who wants to exploit money away from hospitals today. They can get a free copy of Tesla keylogger out there put it in a malware link it and they'll say they'll gather keystrokes for months and months until they decide what they're going to do with it next slide.

56:32

Smishing this is something you may not have heard of that's the phonetic spelling that may be spelled differently in other areas, but it's essentially email phishing via text. So, what's the text alert your city has just sent a text alert about the new stay-at-home policy. You click it. You could be adding some type of malware to your phone.

56:51

If you don't verify the source, I simply wouldn't do it because that is now becoming a popular thing for some of the more advanced cyber criminals is using the phone text besides the email because I think everybody's there. They know about the email they're protecting themselves, but people forget about the texting next slide, please.

57:10

So, moving away from the cybersecurity and looking at some of the vulnerabilities. Yes. OCR has relaxed some of the abilities to use public or social video for Telehealth. What I am telling you is just because you can you may not want to do that next slide.

57:32

There's a lot of HIPAA compliant applications out there. I've looked at a review about 270 of those and a lot of those are between 20 to 40 dollars per user could get you online within a minute to add a and b using Telehealth systems that are fully compliant that also have the ability to link to your EMRs as opposed to Simply immediately jumping out. So, if you have done that, I would be on a strategy to say how do we pull this back in and do something that's fully hipaa-compliant that integrates with my EMR that helps me in the future.

58:01

next slide so what about tomorrow? Yes, that that immediate technology can help you get there. But think about what you're going to do tomorrow does it have does the app that you want to use provide for the different operating systems Apple Google Microsoft will integrate with your EMR. Does it handle multiple languages going to help you with Ada guidelines all these sorts of things. There are ready to go applications out there that are very affordable that I think you should consider next slide.

58:31

So, here's what I think in Telehealth. There's a watershed event happening here before one in 10 patients use Telehealth after the COVID-19 pandemic people are getting a taste of Telehealth for the very first time and there is a mass of those that are simply not going to want to go back. So, I'm telling you seventy percent increases over nationally some states like Washington a six hundred fifty percent increase people are going to want to latch onto this, so I encourage you to start looking at your Telehealth strategy.

59:01

Reach out to somebody to help you. If you don't have the Manpower or the knowledge to do it, but don't simply stick with that Zoom simply because it work today next slide.

59:11

It is not going back the way it was, and this is this is my opinion. It is the Telehealth the cyber security surrounding it everything about it. It has forever changed the landscape of Telehealth in this country. I myself have used it twice during their in the pandemic.

59:28

I've got family members that I put in place and even my aged mother, who hates technology and has a hard time with it, basically said if I can do this to get my blood pressure medicine increased or decreased, not have to go to that office,

59:42

I will do it every time. She was able to do it from her living room using a Telehealth app that her provider had signed on to. So, with that said, I ran through my part very quickly, but the important pieces it's really no different than it was before. It's just the ever more diligent don't click or think before you click make sure you verify your sources and just because you can use something that's simple and easy, may not be a good reason you something simple and easy. With that. I'll turn it back over to you.

1:00:19

Thank you, and thanks to our presenters, Barry Mathis, Sarah Bowman, and Susan Thomas. If you have any questions, their presentation and contact information will be emailed to you along with a recording of today's webinar. Also, if PYA can provide assistance, please call or email us. You may also visit our website at www.PYAPC.com.