

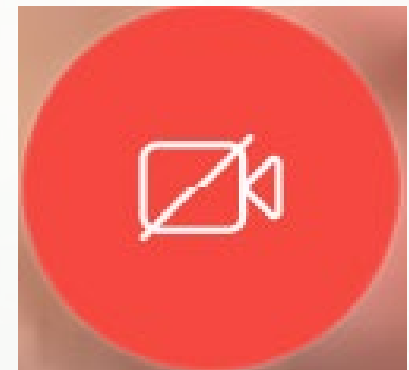
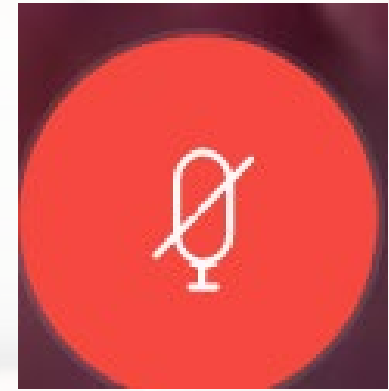
AANA

ARTHROSCOPY ASSOCIATION
OF NORTH AMERICA

LIVE WEBINAR

**The New Coronavirus and Practice Management Strategies to
Keep Your Practice Alive and Well Q2-Q4 2020**

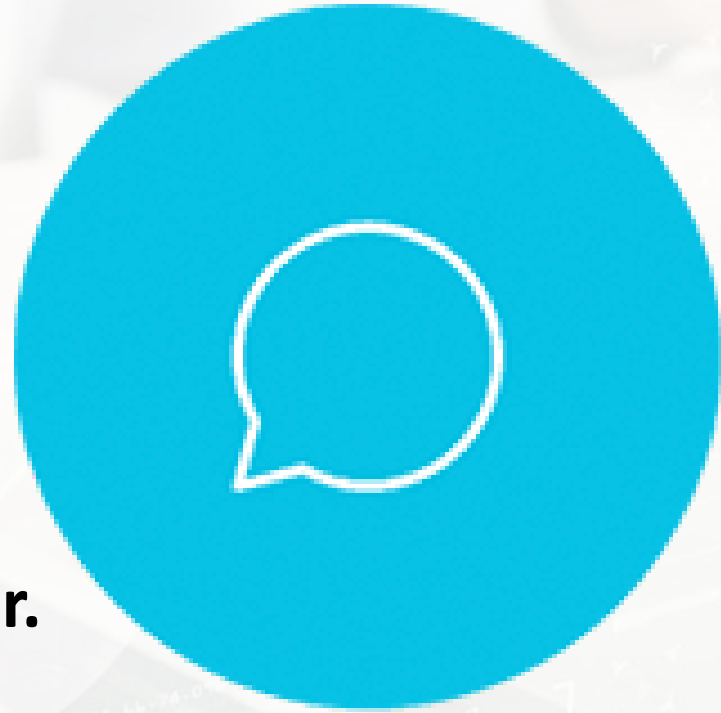
IMPORTANT:
Mute your computer audio
and
Turn off your video
on the webinar screen.



This webinar is being recorded and will be made available in the event of technical difficulties.

Questions?

1. Click on the chat graphic.
2. Select “Louis McIntyre.”
3. Type in your question and hit enter.



FEATURING:

Louis F. McIntyre, M.D., Moderator; Northwell Health; Immediate Past President, AANA

Brian J. Cole, M.D., M.B.A., Managing Partner Midwest Orthopedics at Rush; First Vice President, AANA

Mark H. Getelman, M.D., Southern California Orthopedic Institute; Second Vice President, AANA

James W. Stone, M.D., Orthopedic Institute of Wisconsin; Treasurer, AANA

Eric C. Stiefel, M.D., Valdosta Orthopedic Associates; Chair, AANA Advocacy Committee

Nicholas A. Sgaglione, M.D., Chair and Senior Vice President, Orthopedic Service Line, Northwell Health;
Chair, AANA JBOT and Education Foundation

**The New Coronavirus and Practice Management Strategies to
Keep Your Practice Alive and Well Q2-Q4 2020**

Webinar Agenda

- **What cashflow strategies are you employing during the acute phase of the pandemic?**
- **How have you handled your Human Resource obligations?**
- **What aspects of your practice are up and running currently?**
- **Are you planning on accessing federal assistance programs through the CARES Act and if so which ones? Any other sources of short-term capital?**
- **How are you handling partner compensation during the acute phase?**
- **How are you handling both salaried and hourly employees' compensation and PTO during the acute phase and how long are you planning this strategy?**
- **How are you handling ancillary services during the acute phase?**
- **Are you employing telehealth services and how are they incorporated into your practice?**
- **What patient and employee safety measures are you employing right now?**
- **What do you anticipate the ramp up will look like and how will your practice change?**

Tax Credits and Loan Forgiveness Programs

COVID-19 Economic Injury Disaster Loan *Paycheck Protection Program*

- Loan application dates April 3-June 30
- Small business up to 500 employees
- Forgiveness period “8 weeks following securing of the loan amount”
- Eligible expenses = Payroll cost, employee benefits and leave, debt refinancing, rent & utilities
- 75% of forgiven amount must be used for payroll
- Loan amount = average monthly payroll X 2.5
- Forgiven amount = based on employees maintaining or quickly rehiring to maintain salary level and FTE

<https://covid19relief.sba.gov/#/>

COVID-19 Tax Credits

- **Employee Sick Leave Credit**
 - **All employers eligible**
 - **Dollar for dollar credit on sick leave up to 80 hours per employee**
 - **Includes family leave for child-care payed at 2/3 regular pay, up to 10 weeks or \$10,000**

<https://www.irs.gov/newsroom/covid-19-related-tax-credits-for-required-paid-leave-provided-by-small-and-midsize-businesses-faqs>

Employee Retention Tax Credit

- Eligible employers with less than 100 employees
- Not available to employers receiving assistance through *Paycheck Protection Program*
- Eligible time period March 12-Jan1,2021
- *Eligible employer*
 - *Demonstrates a “significant decline (<50%) in quarterly gross receipts”*
 - *OR - Partially suspending operations due to orders from appropriate gov authority*
- Max credit amount up to 5,000/employee/year

<https://www.irs.gov/coronavirus>



AANA | ARTHROSCOPY ASSOCIATION OF NORTH AMERICA

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; 2. has been advised by a health care provider to self-quarantine related to COVID-19; 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none"> 5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|--|--|

▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:

1-866-487-9243

TTY: 1-877-889-5627

dol.gov/agencies/whd



WH142 REV 0220

Medicare Advanced Payments

- Eligible for prepayment of amount equal to 100% of the Medicare payment amount for a 3-month period
- Re-payment due after 120 days with full payment due after 210 days
- Recoupment process is automatic = every claim submitted after 120 days offsets total balance due
- Determination/Checks issued within 7 days of application/request

<https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>

Virtual Health Care Options

- Telemedicine
- Virtual Check in
- E-visit
- Telephone consultation

Telemedicine After COVID-19

- Under direction of President Trump, CMS is expanding this benefit on emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.
- Pay for office, hospital, and other visits furnished via telehealth across the country and **including visits originating in patient's places of residence** starting March 6, 2020
- **Waive HIPPA compliance** for “good faith” practices during COVID outbreak (SKYPE and Facetime OK)

Virtual Health Care

➤ Telemedicine

- Synchronous service in real time with audio/video
- Append Modifier -95 to base code (telehealth for office and outpatient services)
- Location of service code 02 (telehealth)
- 99201-05 = new patient = RVU 0.48-2.17 (\$46.20-211.28)
- 99211-15 = est. patient = RVU .0.18-2.11 (\$23.37-148.43)

➤ Virtual check-in

- G2010-12 = 0.18 RVU (\$12.28)

➤ E-visit (e-mail)

- 99421-23 = RVU .25-0.8 (\$15.53-50.20)
- Time based 5-10 min, 10-20, >20
- "global 7 days", cannot initiate or proceed another billed E&M service

➤ Telephone

- 99441-43 = RVU 0.25- 0.80 (\$13.27-\$50.20)
- Medicare does not reimburse

Vignette Telemedicine

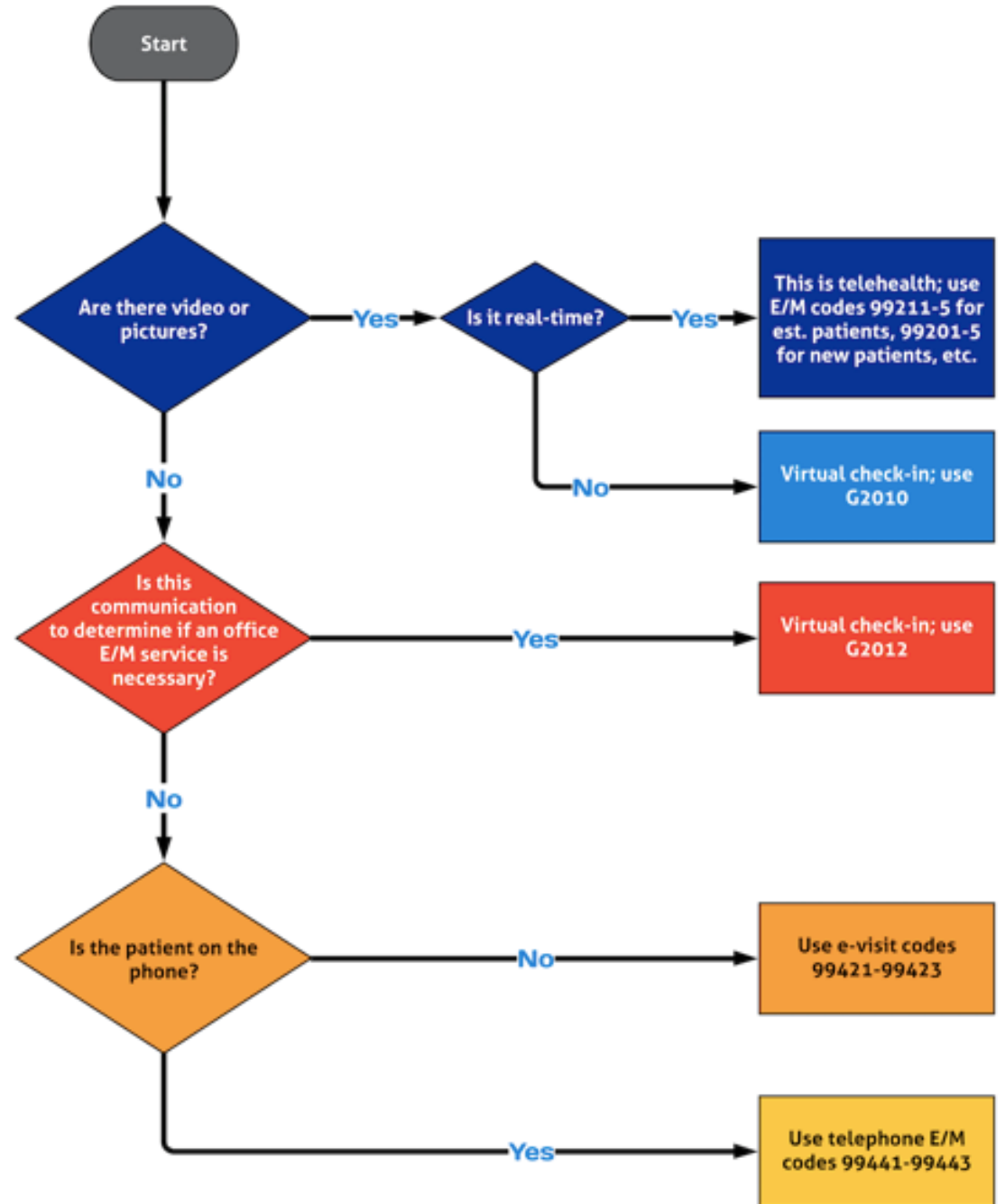
- **Established patient** contacts office with increasing left knee pain and concerns over scheduling an office visit due to COVID-19 pandemic. A telemedicine appointment is scheduled at patients request. Using **real-time audio and video**, a detailed **history** and **ROS** are obtained from the patient and **minimal physical examination** elements documented. A diagnosis of osteoarthritis of the knee is documented and recommendations for 800mg IBU BID and therapeutic ice application PRN. After discussion of the plan, it is determined that no office follow up is recommended at this time (**MDM**). Total time spent during the (MDM & F2F) encounter is 30 minutes
- **99213-95 (\$76.20)**

Vignette e-visit

- **Established patient** contacts office via patient portal email for increased symptoms of knee pain related to **diagnosis of moderate knee osteoarthritis**. Over a period of 7 days, 3 emailed communications are sent to the patient recommending conservative treatments of OTC NSAID and therapeutic icing. The **emails are documented and retained** in the patient's electronic health record. **Total time** period spent in medical decision making and response is **23 minutes**.
- **99423 (\$50.23)**



<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>



Questions?

1. Click on the chat graphic.
2. Select “Louis McIntyre.”
3. Type in your question and hit enter.

