



Trinity Health
Mid-Atlantic

All-CIN Physician WebEx

Quality Health Alliance

Mercy Accountable Care

Delaware Care Collaboration

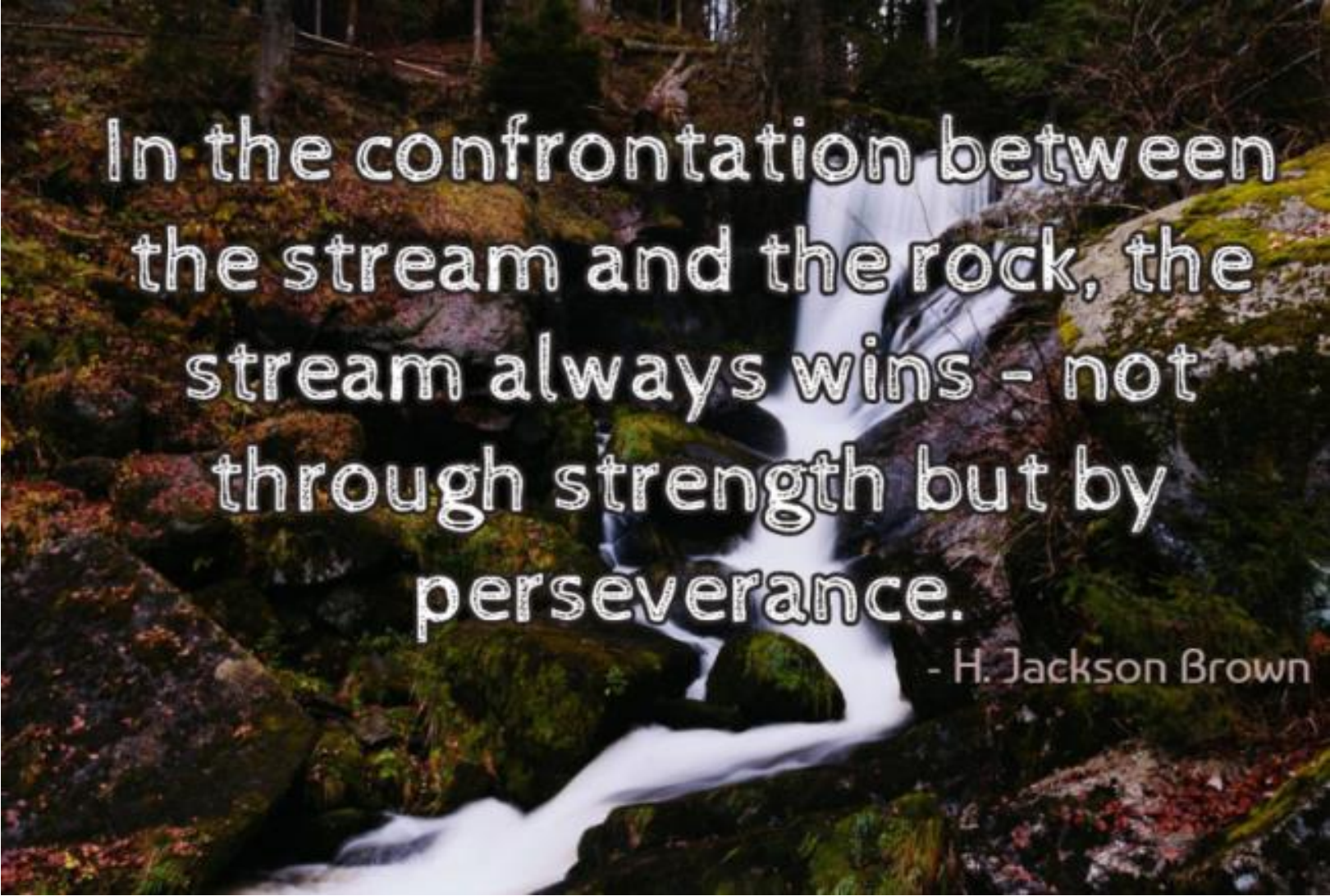
Jun 25, 2020

6:00pm - 7:30pm

Agenda

- ✓ *Introduction: Trinity Health Mid-Atlantic (THMA) Clinically Integrated Network (CIN)*
- ✓ *Value-Based Program Updates*
- ✓ *CIN Care Coordination & Quality Updates*
- ✓ *Status of Services at Our Trinity Health Mid-Atlantic Hospitals*
- ✓ *Keynote Presentation: Recovering & Reopening Medical Practices during the COVID-19 Pandemic*
- ✓ *Adjourn*

Reflection



In the confrontation between
the stream and the rock, the
stream always wins - not
through strength but by
perseverance.

- H. Jackson Brown

Introduction – Trinity Health Mid-Atlantic (THMA) Clinically Integrated Network (CIN)

Quality Health Alliance – St. Mary Medical Center

Mercy Accountable Care – Legacy Mercy Health System

Delaware Care Collaboration – St. Francis Hospital

THMA CIN Physician / Executive Leadership Team



Dan Bair
Regional Executive Director
THMA CIN



Dr. Sharon Carney
Regional Chief Clinical Officer
THMA



Dr. Benjamin Chack
President
Quality Health Alliance



Dr. Robert Monteleone
Medical Director
Delaware Care Collaboration

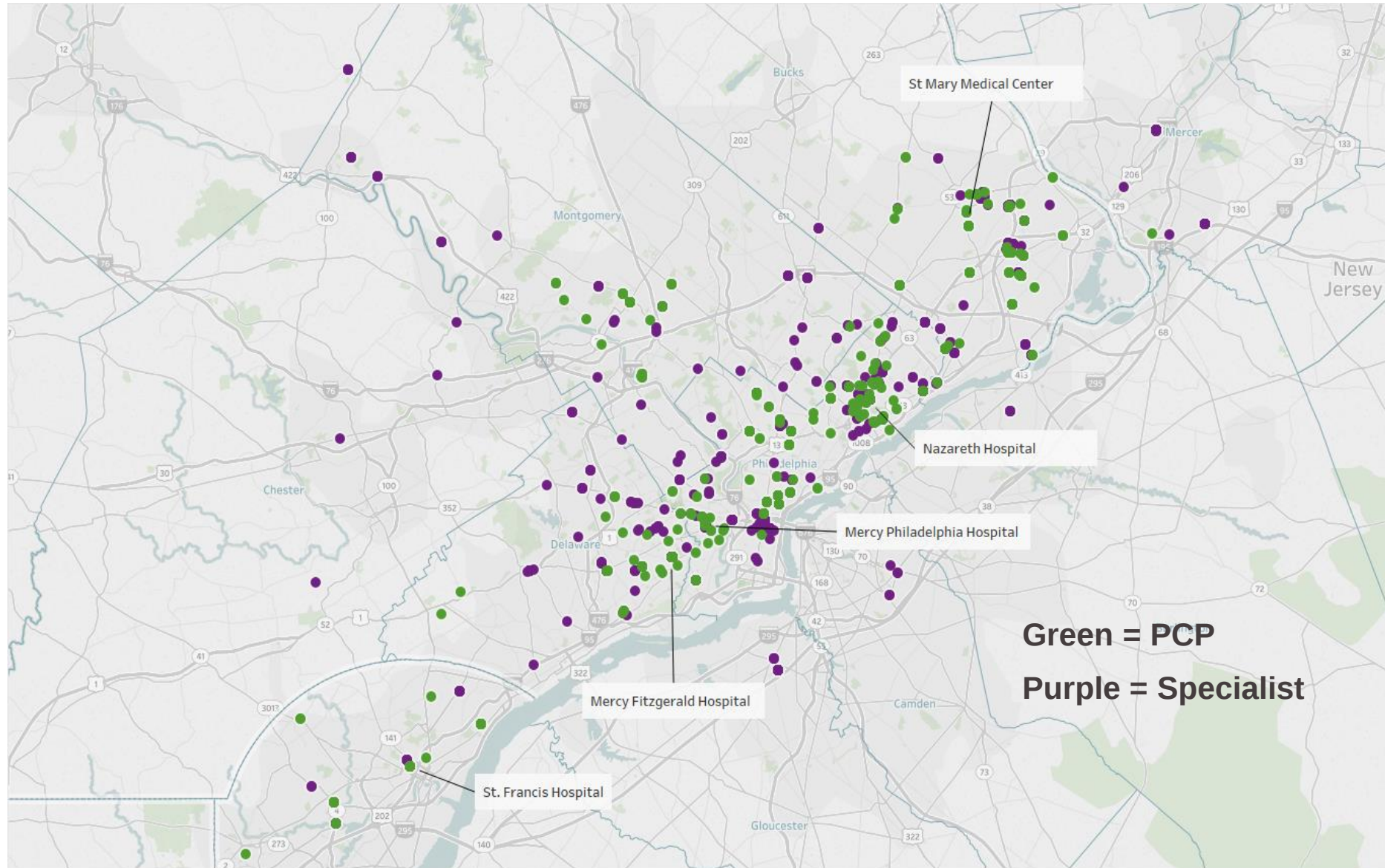


Dr. Wayne Miller
Medical Director
Mercy Accountable Care



Dr. Naomi McMackin
Medical Director
Quality Health Alliance

Trinity Health Mid-Atlantic (THMA) Clinically Integrated Networks (CIN) of Primary Care Physicians, Specialty Physicians, and Acute Care Hospitals



Trinity Health Mid-Atlantic Clinically Integrated Network

Mercy Accountable Care

Awards and Accreditations include:

- Contributed to the collective savings to CMS of \$16M along with four other Trinity Health ACO/CIN chapters during our first performance year of our Track 3 Medicare Shared Savings Program (MSSP) in CY2017.
- The Mercy ACO's Use of Case Mix Index to Comprehensively Evaluate Postacute Care Partners was published in the American Journal of Accountable Care



961
participating physicians
(197 PCPs & 764 specialists)



8 payer agreements, both commercial and governmental, including Medicare Advantage and Medicaid



38,541
attributed lives



Monitors more than **30** quality, utilization, and patient satisfaction-related metrics

Quality Health Alliance (QHA)



549
participating physicians
(134 PCPs & 415 specialists)



7 payer agreements, and 1 BPCI-A contract



43,384
attributed lives



Monitors more than **30** quality, utilization, and patient satisfaction-related metrics

Delaware Care Collaboration



58
participating physicians



1 payer agreement (Medicare Shared Savings Program Track 1)

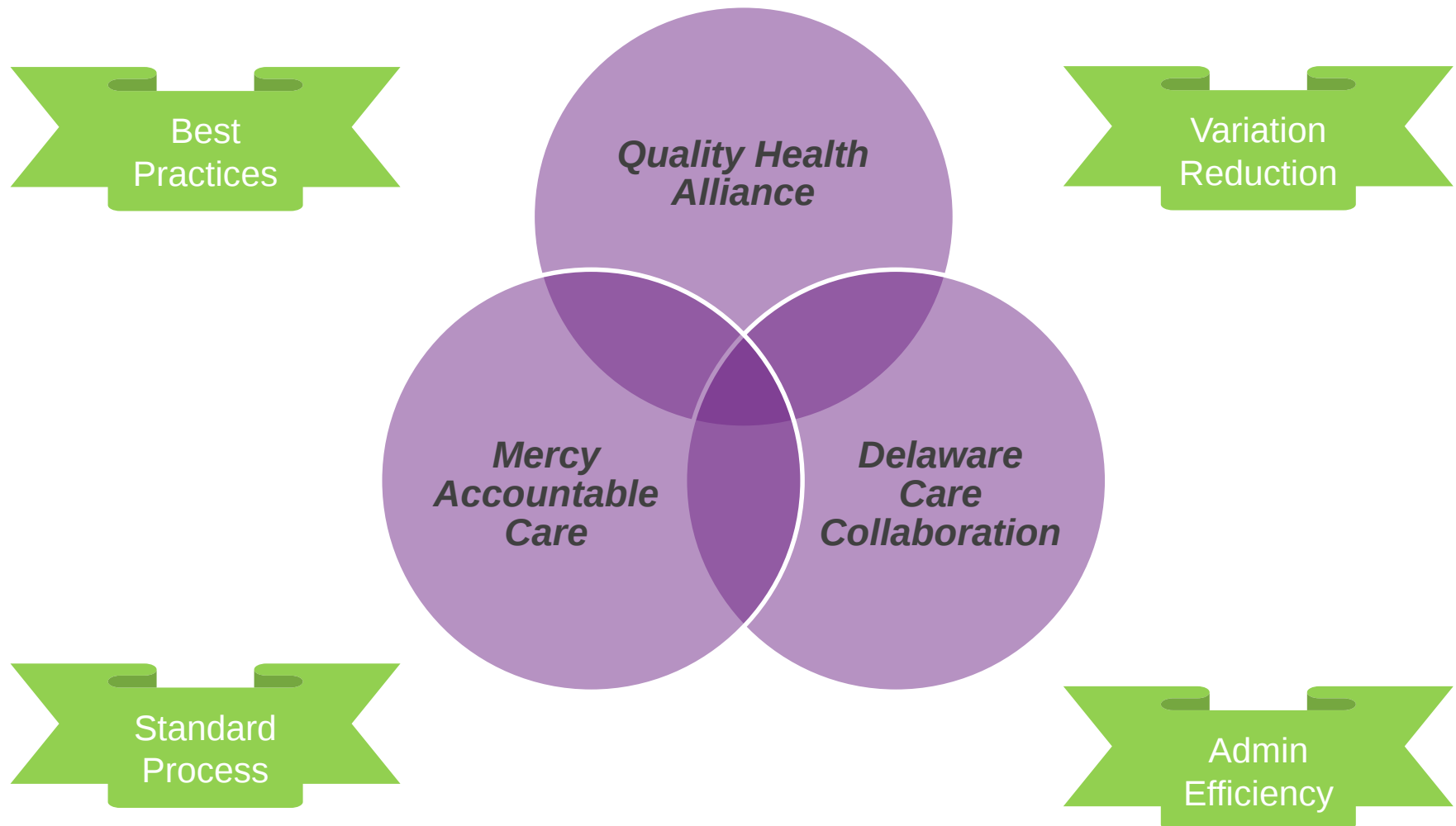


8,000 – 9,000
attributed lives



Monitors more than **31** patient experience, care coordination, preventative health and at-risk population-related metrics as part of its MSSP

Trinity Health Mid-Atlantic Clinically Integrated Network



Value-Based Program Updates

Medicare Shared Savings Program – Basic Track (DCC)

- Basic Track MSSP ACOs that were slated to progress to a risk-bearing year in 2021 (Basic Level B to Basic Level C) have been given the option to delay moving to risk until 2022
- DCC Board has recommended taking advantage of this opportunity
- Upside potential is not significantly greater with Basic Level C

Medicare Shared Savings Program – Enhanced Track – Trinity Health Integrated Care (THIC)(QHA & MAC)

Recommendation: Stay in the Program for PY 2020

- **Our Recommendation:**

- Stay in the MSSP-Enhanced ACO for PY 2020, as risk of loss is mitigated by PHE declaration and offsetting MACRA bonus. Also, by staying in THIC, we will have the ability to receive savings that might be generated (no way to predict at this point), and can maintain THIC as entity for continued ACO participation.

- **Reassessment:**

- If PHE is not extended in July (which would go through October), reassess our recommendation, and consider an ACO August 31st withdrawal to secure MACRA bonus, but minimize potential losses; Lose any potential shared savings, and THIC as an entity cannot continue in 2021.

Medicare Shared Savings Program – Enhanced Track – Trinity Health Integrated Care (THIC)(QHA & MAC)

PY 2020 MSSSP Termination Implications

Implications	Withdraw June 30	Withdraw August 31	No Withdrawal
MACRA	No MACRA bonus, must report MIPS	Ability to retain QP status to receive MACRA bonus	Ability to retain QP status to receive MACRA bonus
Financial Reconciliation	No financial reconciliation (hold harmless)	ACO will be accountable for (pro-rated) losses but cannot receive savings	ACO will be accountable for (pro-rated) losses and can receive savings
Loss Protection	Full – no reconciliation so no loss	Yes, losses are reduced by the proportion of months that a PHE is declared, and any remaining losses not covered by the PHE are prorated	Yes, losses are reduced by the proportion of months that a PHE is declared
Ability to Receive Shared Savings	No	No	Yes

Commercial Arrangements (QHA & MAC)

THMA letter on behalf of all of our ACO/CINs to our payer partners urging them to provide us assurance that financial harm at settlement will not occur as a result of focus shift to fight the COVID-19 pandemic, specifically:

- Hold harmless for financial penalties;
- Hold harmless for downside risk;
- Exclusion of 2020 performance year in future benchmarks;
- Up-front funding to support care management infrastructure;

CIN Care Coordination & Quality Updates

Care Coordination/Quality – Areas of Focus for 2020 & 2021

Phase 1 – Now through September:

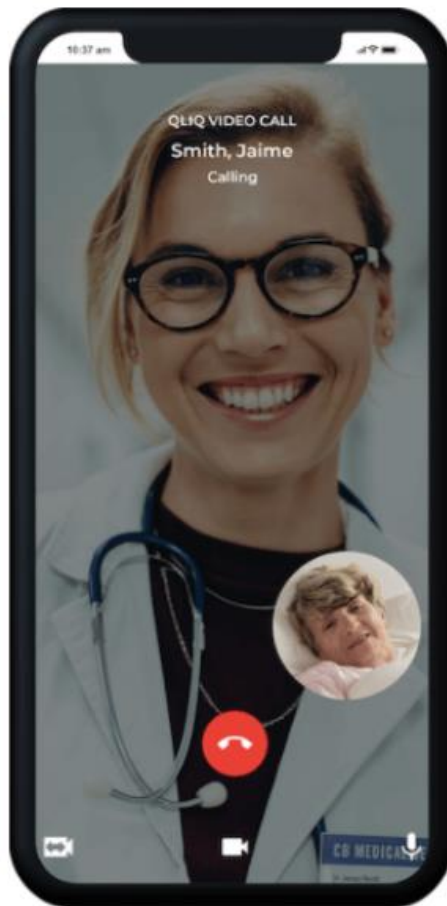
- High touch and longitudinal care management for high risk, high cost patients;
- Post-discharge Transitional Care Management (TCM);
- Annual Wellness Visits (AWV) – either in person or telehealth;
- Continue to provide education and support on COVID-19;
- Implementation of Qliqsoft Telehealth platform for CIN affiliated physicians;
- Care gap closure and preventive screenings;
- Continue support for care within the SNF network to prevent COVID-19;

Care Coordination/Quality – Areas of Focus for 2020 & 2021

Phase 2 – October through the end of 2020 in prep for 2021 :

- Implement action plans to deliver on reduction of the top 3 drivers of cost (IP/100, ED/1000, and SNF/1000), prioritization of immunizations, and chronic disease management;
- Provide education to both employed and independent CIN physicians around chronic condition coding (HCC);
- Re-engage independent CIN physician practices where that work was on pause due to COVID-19 to include on-site practice support;
- Manage and monitor utilization, provide routine reports to support and track clinical quality outcomes ;
- Expand work with home health for post-discharge care and support;

Qliqsoft Telehealth Platform – No Additional Cost for THMA Independent CIN Physicians



Virtual Visits

Care Without Barriers

Whether you're trying to protect your patients and staff from infectious diseases like COVID-19 or simply trying to reach those who cannot make it to an in-person visit, your dedication to quality care does not stop.



Initiate Via Secure SMS or Email

An SMS message or email link takes patients to a secure link for your visit.



Video Engagement

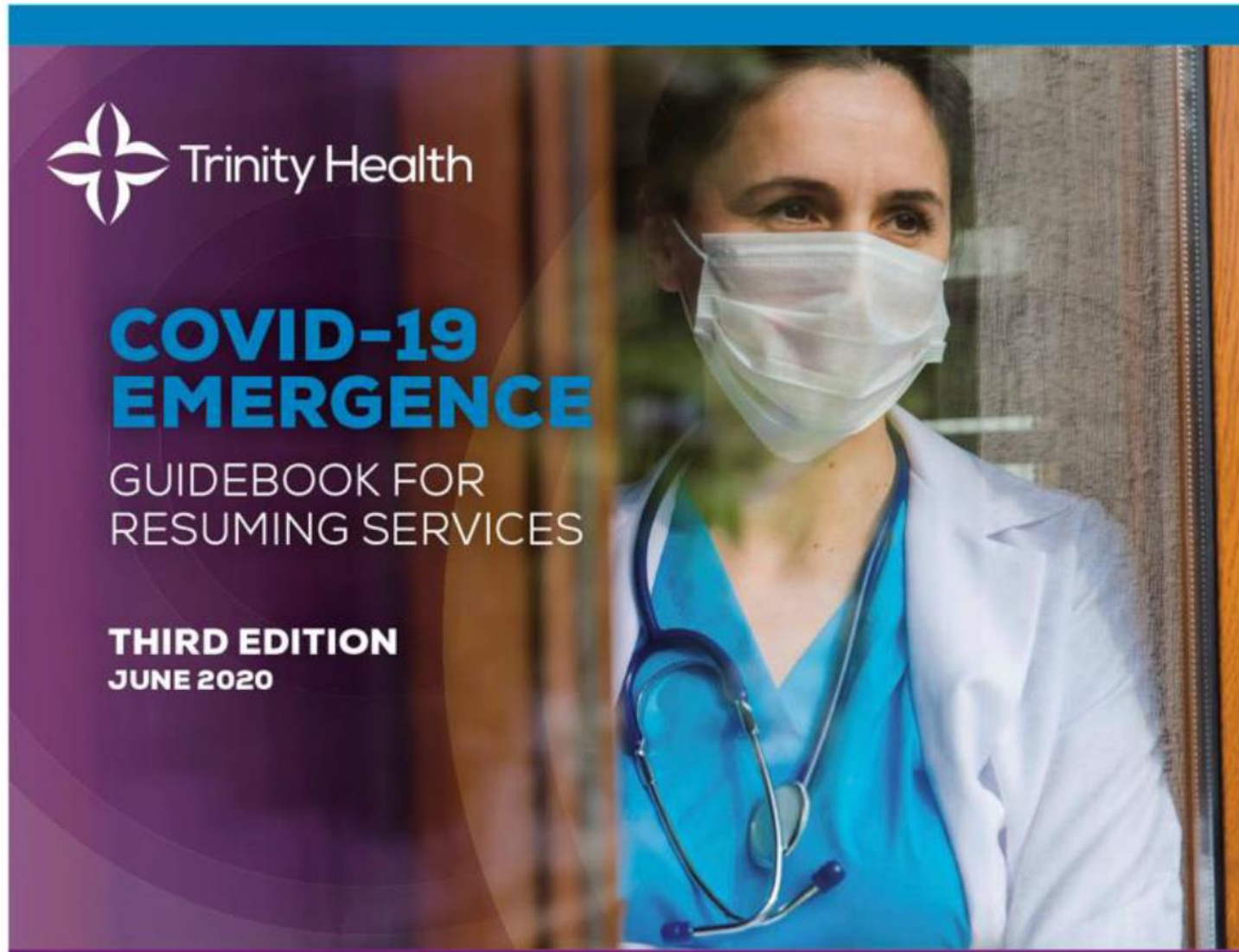
Launch with one click and get paid the same as an in-person visit.



Electronically Sign

Send post-visit surveys that patients can electronically sign and return instantly.

Trinity Health Guidebook for Resuming Services



Status of Services at Our Trinity Health Mid-Atlantic Hospitals

St. Mary Medical Center

- Surgery / Procedural:

- OR – full block utilization scheduled July 6, currently performing most emerging procedures except plastic surgery;
- Endoscopy – full schedule;
- Bronchoscopy – full schedule;
- Pain Management – full schedule July 6;

- OP Services:

- Imaging – full schedule;
- Mammography – full schedule;
- PT, OT, etc. – full schedule on campus; Cornerstone therapy to be determined with exception of Lymphedema services;
- Cancer Center – full schedule;
- Lab – full schedule;
- Sleep Center – TBD;
- Cardiac Rehab – TBD;
- Wellness Center – TBD;

Nazareth Hospital

- Surgery / Procedural:
 - 3 rooms in service, no limitations;
 - Endoscopy – full schedule;
 - Bronchoscopy – full schedule;
 - Pain Management – no limitations;
- OP Services:
 - Imaging – full schedule;
 - Mammography – full schedule;
 - PT, OT, etc. – full schedule;
 - Cancer Center – full schedule;
 - Lab – full schedule;

Mercy Fitzgerald Hospital / Mercy Philadelphia Hospital

Fitzgerald Hospital

- Surgery / Procedural:
 - 3 rooms in service, no limitations;
 - Endoscopy – full schedule;
 - Bronchoscopy – full schedule;
 - Pain Management – full schedule
- OP Services:
 - Imaging: full schedule
 - Lab: Sunday – Friday (Sunday is pre-op testing only)
 - PT/OT: open
 - Cancer Center – full schedule

Philadelphia Hospital

- Surgery / Procedural:
 - 1 room in service, same-day procedures only
 - Endoscopy – open
 - Bronchoscopy – full schedule;
- OP Services:
 - Imaging: open except mammography and nuclear medicine referred to Fitzgerald
 - Lab: Monday – Thursday (pre-op testing only)
 - PT/OT: open
 - Cancer Center – full schedule

St. Francis Hospital - Wilmington

- **Surgery / Procedural;**
 - OR – full schedule since beginning of June, no limitations;
 - New DaVinci Xi Robot added as of June 1st to complement existing Si Robot;
 - New Ziehm-Stryker 3-D navigation system added to support ortho and spine surgery;
- **OP Services:**
 - Full schedule of Endoscopy procedures are being performed, available to schedule now.
 - Imaging - all modalities are at full schedule, open and available to schedule now.
 - Mammography:
 - Greenhill site is fully operational with a full schedule;
 - North Wilmington location will open with a full schedule available next week, 6/29;
 - Mammography at the hospital to open with a full schedule available 7/13;
- Saint Francis ED renovations have been completed as of June 1
- The new Saint Francis IR Suite is near completion and will be available in July

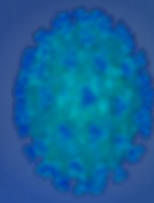
Keynote Presentation

Recovering & Reopening Medical Practices during the COVID-19 Pandemic

The background of the slide features a dark blue gradient. On the left side, there is a large, detailed illustration of a human cell with a textured, bumpy surface. To the right of this cell, there are several spherical virus particles, each covered in small, blue, spike-like protrusions, characteristic of the COVID-19 virus. These elements are arranged to create a sense of depth and focus on the medical theme of the presentation.

Recovering & Reopening Medical Practices During The Covid-19 Pandemic

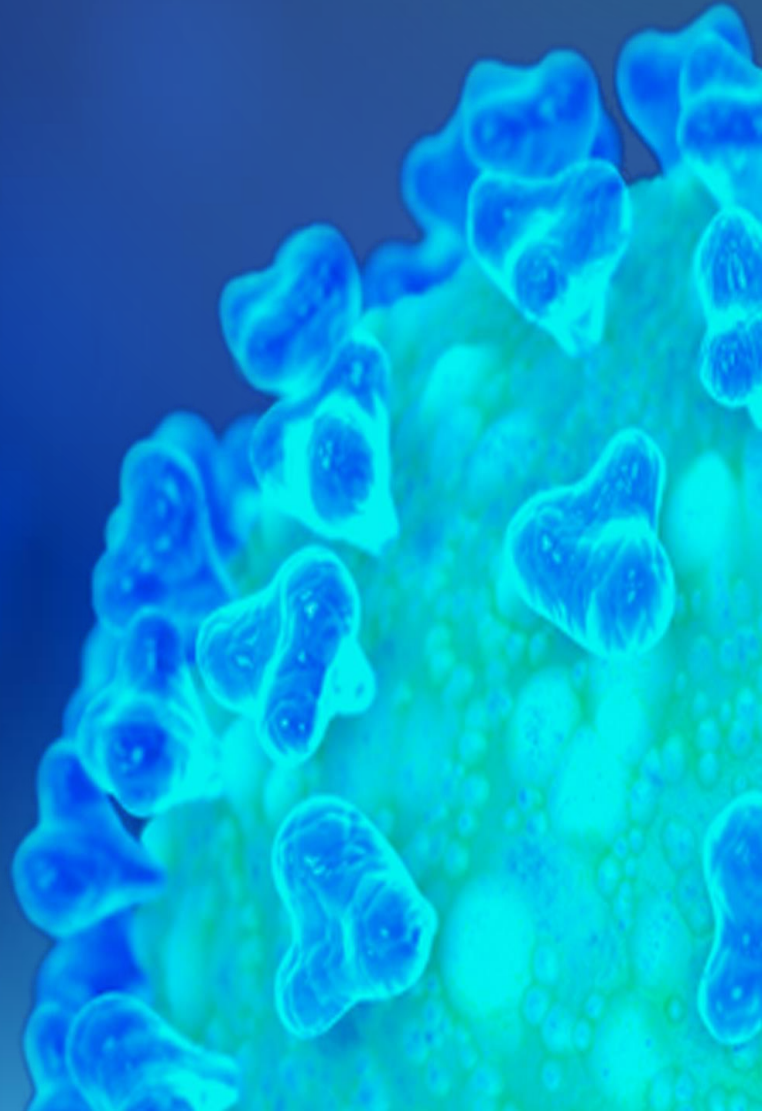
Paul Fiacco, MD
CNY Family Care
St. Joseph's Health
Syracuse, NY



└ On learning about COVID-19...

"We need to learn the lessons that are being shown from this virus"

—Dr. Michael J. Ryan, WORLD HEALTH ORGANIZATION Informal Advisory Group



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01.

ABOUT COVID-19

Background and Clinical Etiology
of Covid-19

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02.

Legislation and Relief Programs

Relief programs designed to
support financial sustainability to
medical practices

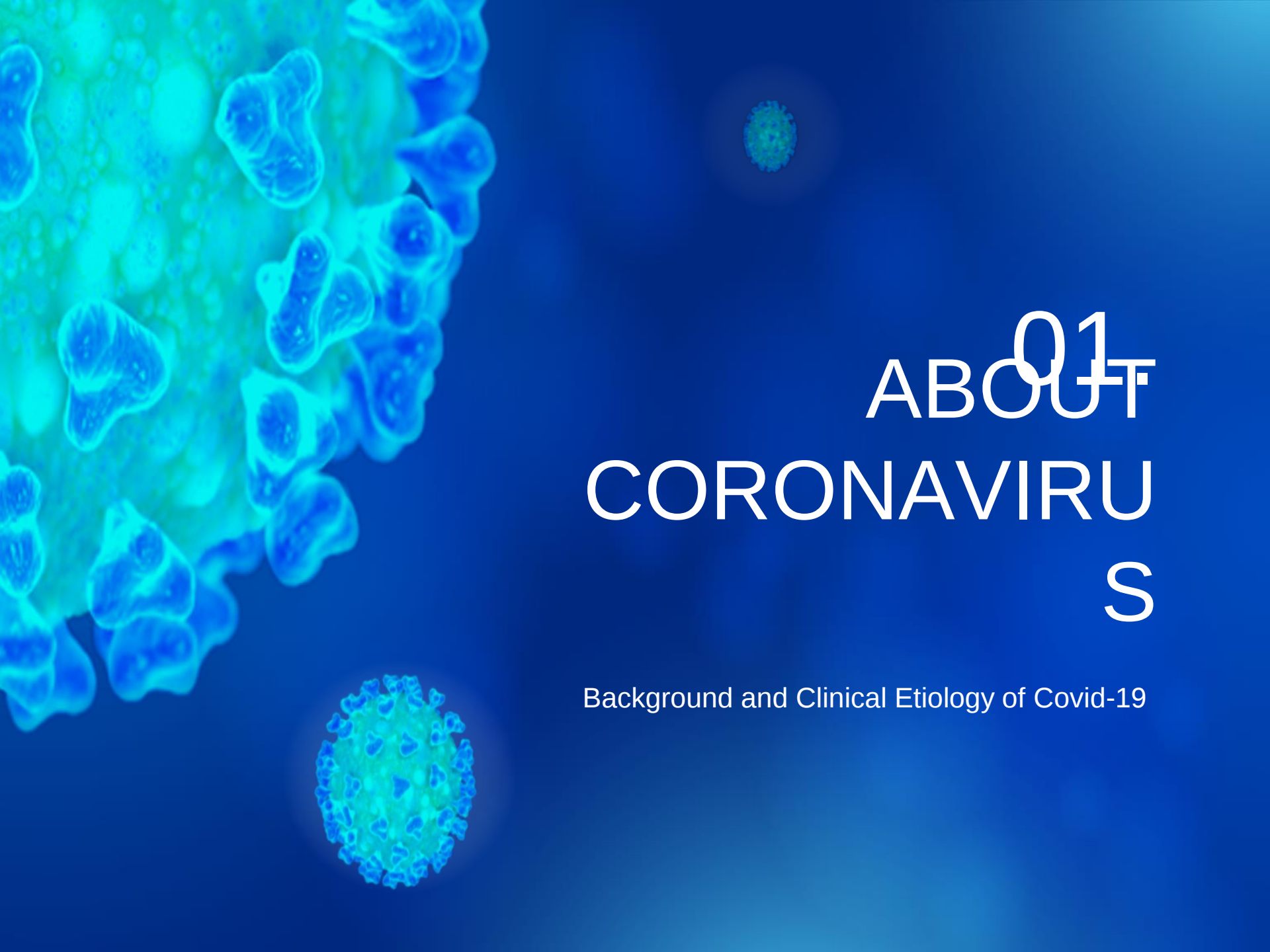
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03.

CNY Family Care Case Study

Example of how CNY leveraged
relief programs and technology
to maintain cash flow during
Covid-19 pandemic.

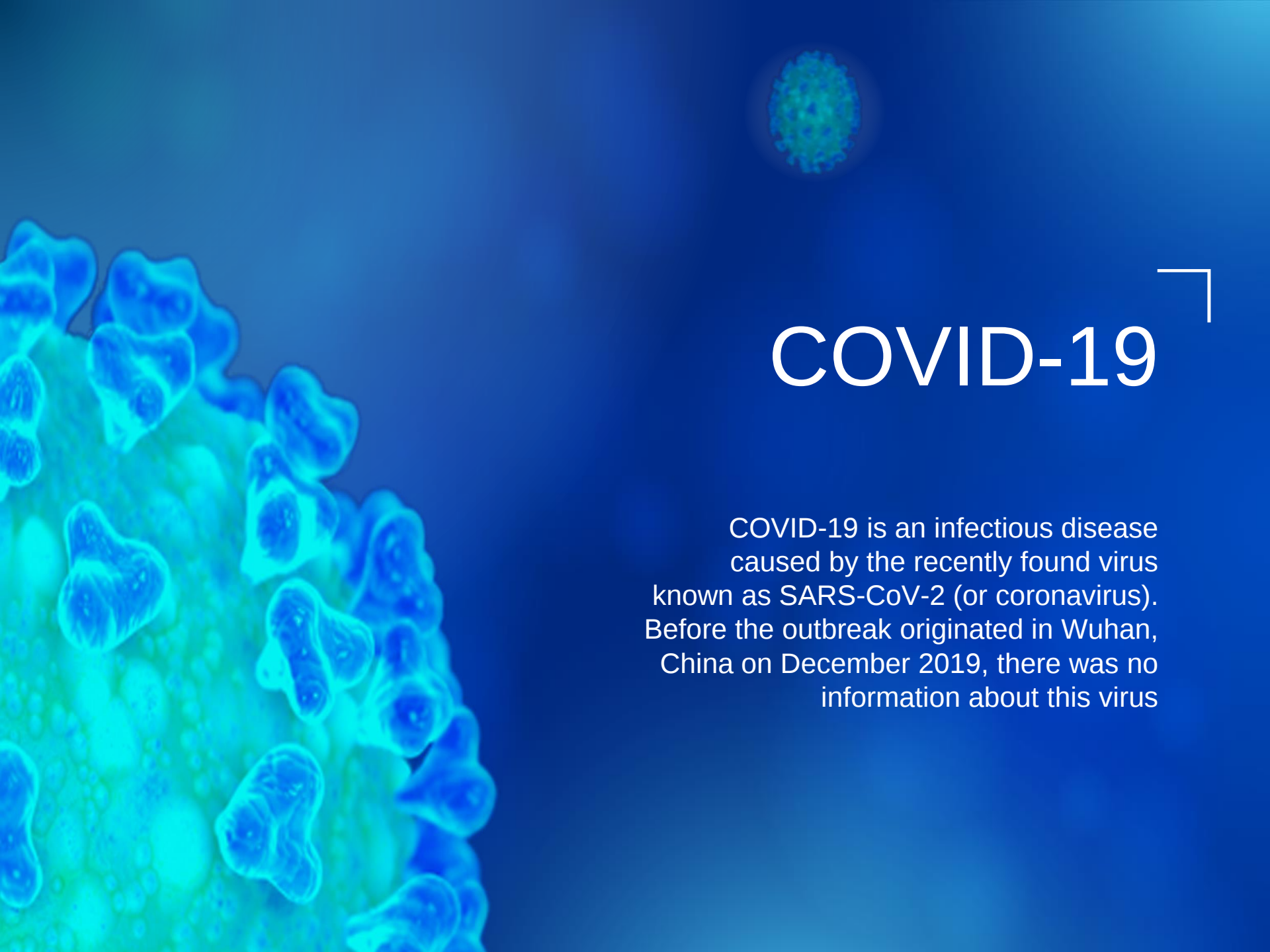
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04.

CONCLUSION

The background of the slide features a microscopic view of cells and viruses. On the left side, there is a large, detailed cluster of cells with visible nuclei and cytoplasm. In the upper right, a single, small, spherical virus particle is shown. In the lower left, another spherical virus particle is visible, surrounded by a faint, glowing halo. The overall color scheme is a gradient of blue and green.

01 ABOUT CORONAVIRUS

Background and Clinical Etiology of Covid-19



COVID-19

COVID-19 is an infectious disease caused by the recently found virus known as SARS-CoV-2 (or coronavirus). Before the outbreak originated in Wuhan, China on December 2019, there was no information about this virus

HISTORY

The oldest common ancestor of coronavirus has been dated as far back as the 9th century BC. Some studies published in 1990 specified the most recent common ancestors as follows:

- Betacoronavirus: 3300 BC
- Deltacoronavirus: 3000 BC
- Gammacoronavirus: 2800 BC
- Alphacoronavirus: 2400 BC



SYMPTOMS OF COVID-19



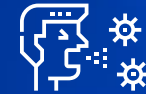
HIGH FEVER

The body temperature can exceed 37.3 Celsius degrees or 99 Fahrenheit degrees



TIREDNESS

The body feels completely tired and without energy to perform normal tasks

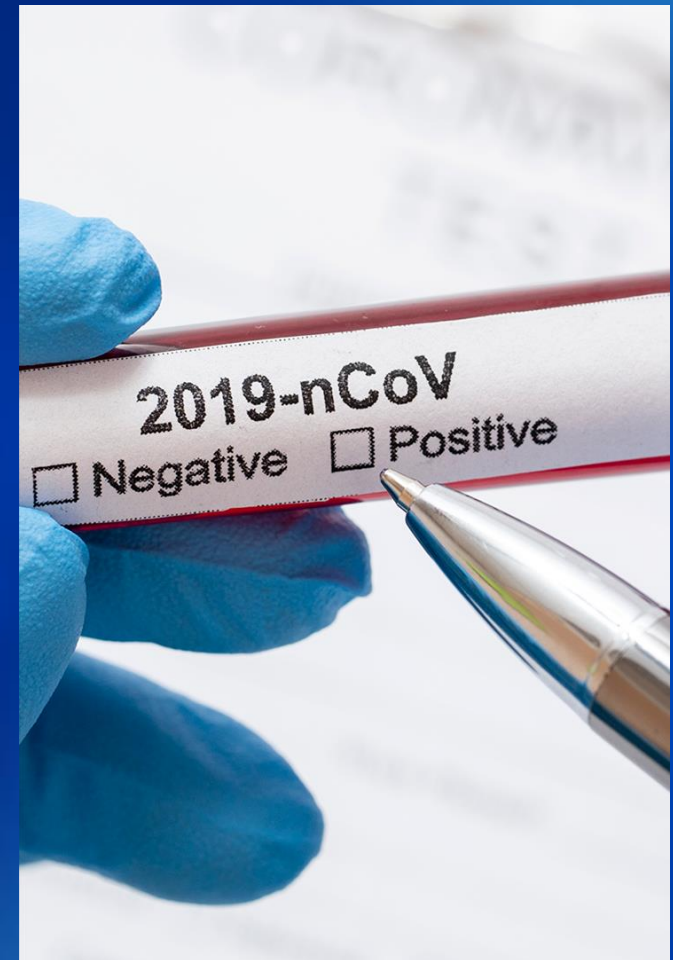


DRY COUGH

Irritation and constant coughing without expelling any mucus

ASYMPTOMATIC PEOPLE

Many people infected with COVID-19 show mild symptoms, especially during the first stages of the disease. Thus, you can still catch the disease from an infected person who only has a mere cough and does not feel ill



PROTECTING YOURSELF AND PREVENTING THE SPREAD OF THE DISEASE



Wash your hands with an
alcohol-based sanitizer or
with soap and water



Keep a distance of at least 1
meter between yourself and
anyone who coughs or
sneezes



Try your best not to touch
your eyes, your nose and
your mouth



Cover your mouth and your
nose with your bent elbow or
a tissue when coughing



Seek medical attention if you
have difficulty breathing and
a high fever



Follow the directions of your
national or local health
authorities

ABOUT 80% OF
PEOPLE RECOVER
FROM THIS DISEASE
WITHOUT NEEDING
SPECIAL
TREATMENT



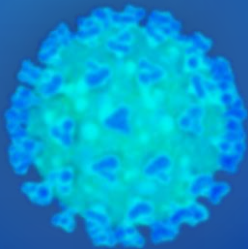
The background of the slide is a deep blue gradient. On the left side, there is a large, detailed cluster of cells, possibly representing a tissue sample or a large virus particle, rendered in a lighter blue and green color. In the upper right and lower center, there are smaller, spherical virus-like particles with a textured surface, also in shades of blue and green.

02 Legislation and Relief Programs

Relief programs designed to support financial sustainability to medical practices

Cares Act Provide Relief Fund

- based on Medicare receipts in 2019



CARES Act Provider Relief Fund

The Provider Relief Funds supports American families, workers, and the heroic healthcare providers in the battle against the COVID-19 outbreak. HHS is distributing \$175 billion to hospitals and healthcare providers on the front lines of the coronavirus response.

ALERT: [Providers need to take action by June 3, 2020.](#) Providers must accept the Terms and Conditions and submit revenue information to be considered for an additional payment.



[For Providers](#)

Sign an attestation, accept or refuse funds, agree to terms and conditions, submit revenue information, and request reimbursement.

<https://www.hhs.gov/provider-relief/index.html#.XpBrfCpRUxA.mailto>

New Legislation Passed – Small Business Act

3/28/2020

This is directly from the bill passed today waiting for signature by Trump. It looks like we would qualify and the max amount is \$10 million. The loan is then forgiven if we meet the parameters. Good news.

(b) INCREASED ELIGIBILITY FOR CERTAIN SMALL BUSINESSES AND ORGANIZATIONS.—

(1) IN GENERAL.—During the covered period, any business concern, private nonprofit organization, or public nonprofit organization which employs not more than 500 employees shall be eligible to receive a loan made under section 7(a) of the Small Business Act ([15 U.S.C. 636\(a\)](#)), in addition to small business concerns.

(c) MAXIMUM LOAN AMOUNT.—During the covered period, with respect to any loan guaranteed under section 7(a) of the Small Business Act ([15 U.S.C. 636\(a\)](#)) for which an application is approved or pending approval on or after the date of enactment of this Act, the maximum loan amount shall be the lesser of—

(1) the product obtained by multiplying—

(A) the average total monthly payments by the applicant for payroll, mortgage payments, rent payments, and payments on any other debt obligations incurred during the 1 year period before the date on which the loan is made, except that, in the case of an applicant that is seasonal employer, as determined by the Administrator, the average total monthly payments for payroll shall be for the period beginning March 1, 2019 and ending June 30, 2019; by

(B) 4; or

(2) \$10,000,000.

(d) ALLOWABLE USES OF PROGRAM LOANS.—

(1) IN GENERAL.—During the covered period, a recipient of a loan made under section 7(a) of the Small Business Act ([15 U.S.C. 636\(a\)](#)) (including a recipient of assistance under the Community Advantage Pilot Program of the Administration) may, in addition to the allowable uses of such a loan, use the proceeds of the loan for—

(A) payroll support, including paid sick, medical, or family leave, and costs related to the continuation of group health care benefits during those periods of leave;

(B) employee salaries;

(C) mortgage payments;

(D) rent (including rent under a lease agreement);

(E) utilities; and

(F) any other debt obligations that were incurred before the covered period.

(b) FORGIVENESS.—An eligible recipient shall be eligible for forgiveness of indebtedness on a covered 7(a) loan in an amount equal to the cost of maintaining payroll continuity during the covered period.

(2) REDUCTION BASED ON REDUCTION IN NUMBER OF EMPLOYEES.—

(A) IN GENERAL.—The amount of loan forgiveness under this section shall be reduced by the percentage equal to the difference obtained by subtracting—

(i) the quotient obtained by dividing—

(I) the average number of full-time equivalent employees per month employed by the eligible recipient during the covered period; by

(II) (aa) the average number of full time equivalent employees per month employed by the eligible recipient during the period beginning on March 1, 2019 and ending on June 30, 2019; or

(bb) in the case of an eligible recipient that is seasonal employer, as determined by the Administrator, the average number of full-time equivalent employees per month employed by the eligible recipient during the period beginning on March 1, 2019 and ending on June 30, 2019; from

(ii) 1.

(B) CALCULATION OF AVERAGE NUMBER OF EMPLOYEES.—The average number of full-time equivalent employees shall be determined by calculating the average number of employees for each pay period falling within a month.

Prepare for Audit of the PPP loan proceeds: 5/11/2020

May 1, 2020

RE: Paycheck Protection Program -- Legal and Regulatory Considerations

Dear Valued Client and Friends:

President Trump signed the Paycheck Protection Program and Health Care Enhancement Act ("Enhancement Act") on April 24th. This legislation infuses \$310 billion into the Paycheck Protection Program ("PPP") with more than \$250 billion in unrestricted funds for the program and an additional \$60 billion allocated specifically for smaller lending institutions.

Numerous recent headlines have shown the spotlight on the distribution of the first round of PPP funds to large restaurant chains including Shake Shack, as well as other prominent public and private companies. Many have questioned the propriety of the eligibility requirements and impugned the integrity and ethics of many organizations that have applied for funding. The decision by Shake Shack to return the \$10 million it received from the PPP, as well as other prominent companies to do likewise, has drawn attention to the perceived inequitable distribution of PPP proceeds.

As you may remember, the *Coronavirus Aid, Relief, and Economic Security Act* ("CARES Act") provided a \$2.2 trillion stimulus package that allocated funding to small businesses through new and enhanced loan programs administered by the Small Business Administration ("SBA"). The PPP was one such program designed specifically to provide eligible small businesses immediate relief if they believe that "current economic uncertainty" of the COVID-19 pandemic makes such a loan for their business "necessary to support their ongoing operations," and were willing to certify to the lender to that affect.

Offering funds covering up to eight weeks of payroll, the program's purpose is to reduce the growth of unemployment, help small businesses retain employees, and enable them to rebound quickly once the pandemic is under control. Unfortunately, the initial guidance promulgated by the SBA did not provide any definition or specifics regarding the nature or extent of the required impact to operations or the "current economic uncertainty" that would make the loan request "necessary to support ongoing operations." In addition, since the PPP loan has a forgiveness component if a business meets certain conditions, the program has been touted by many as "free money." Consequently, demand for PPP loans has been unprecedented, exceeded loan availability, and resulted in the SBA having to stop accepting PPP loan applications on April 16.

-2-

A series of recent "Frequently Asked Questions" have been published by the SBA that all borrowers should review. We specifically point out FAQs 31, 37 and 39.

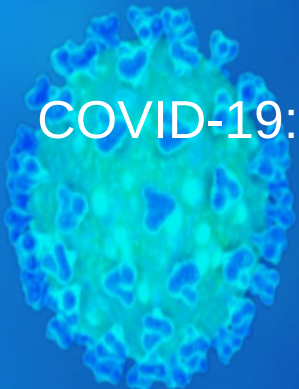
On April 23rd, the SBA updated its *Frequently Asked Questions Document* to add FAQ 31. The new FAQ provides much-needed clarity regarding program qualifications specific to businesses with access to other sources of liquidity to support their ongoing operations. Any business that received a PPP loan prior to the issuance of this new guidance and who now believes that they do NOT demonstrate the necessity for the loan, can repay the loan in full by May 7, 2020. Any business that does so, will be deemed by the SBA to have made the required good faith certification on their PPP loan application.

On April 27th, the SBA added FAQ 37 asking "Do businesses owned by private companies with adequate sources of liquidity to support the business's ongoing operations qualify for a PPP loan?" Their answer was to refer back to FAQ 31.

Again, on April 29th, the SBA updated its *Frequently Asked Questions Document* to add FAQ 39. The new FAQ addresses whether or not the SBA will review individual loan files. Its response was to remind all borrowers of the certification required to obtain a PPP loan and, "To further ensure that PPP loans are limited to eligible borrowers in need, the SBA has decided, in consultation with the Department of the Treasury, that it will review all loans in excess of \$2 million, in addition to other loans as appropriate, following the lender's submission of the borrower's loan forgiveness application".

We certainly understand that there has been a justifiable rush for eligible small businesses to expedite processing of these loans and you may be primed to submit your PPP application, but we do want to caution you as to the potential risks of receiving these funds as these loans will be subject to regulatory and public scrutiny. Loan recipients will not remain anonymous as EINs will be made public. Businesses who have received PPP loans and are later found to have not qualified under the eligibility rules and/or businesses who do not use the funding in accordance with the terms of the program, could be subject to significant legal or regulatory consequences. Further, businesses may experience reputational damage for having pursued these loans.

Given the revised guidance issued by the SBA to date and the pending May 7, 2020 deadline for returning loan proceeds, we strongly encourage you, your organization's management, and board of directors to carefully and immediately review your company's financial situation and reconsider the relief you may have already received with a PPP loan. Specifically, consider whether your circumstances fall within the spirit and intent of this economic relief program. If you do receive and keep PPP funding, it is critical that you maintain complete and accurate documentation to support your need or potential need, and eligibility for such funding, the specific use of these funds, as well as your qualifications for forgiveness under the terms of the program. This documentation will be crucial were your business to be audited and/or investigated. This defensive documentation will greatly minimize your potential exposure to fraud and abuse allegations related to your participation in this loan program.



COVID-19: PPP Flexibility ACT

The Paycheck Protection Program (PPP) has been a topic of much frustration for borrowers as they navigate the COVID-19 pandemic. Aimed at helping small businesses with their payroll and operating expenses, the loan program allows loan forgiveness if the funds are used for the proper purposes and in the proper amounts.

On June 5, 2020, President Trump signed the PPP Flexibility Act, amending the initial PPP provided for in the Coronavirus Aid, Relief, and Economic Security (CARES) Act and giving borrowers more time and options for spending the loan proceeds and benefiting from the forgiveness.

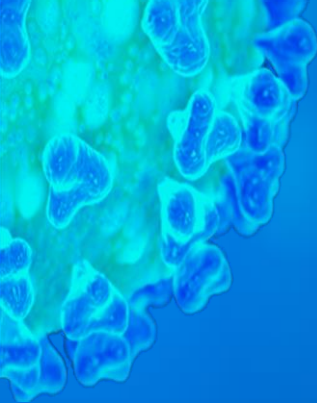
Key Points

- The "covered period" that was originally defined as the eight-week period after the origination of the loan has been extended to the earlier of 24 weeks beginning on origination of the loan or December 31, 2020.
- Given the extension of the covered period, the employment test has also been extended. Specifically, the number of full-time equivalent fulltime employees (FTEs) during the now 24-week period must not be less than the average number of FTEs during either February 15, 2019 to June 30, 2019 or January 1, 2020 to February 29, 2020 in order to achieve full forgiveness. The borrower can elect to retain the old eight-week period if this test will create issues.
- The requirement that at least 75 percent of the PPP loan be spent on payroll costs has been lowered. Under the Flexibility Act, 60 percent of the PPP loan must be spent on payroll costs, meaning that up to 40 percent may be spent on other qualifying costs (i.e., rent, mortgage interest, or utility payments).
- The Flexibility Act repeals the provision that caused an employer's ability to defer paying their share of social security taxes until December 31, 2021 and December 31, 2022 to cease if the PPP loan was forgiven.
- The maturity of PPP loans has been extended to five years. This extension applies to loans made on or after June 5, 2020 but does allow for lenders and borrowers to modify terms of previously disbursed loans to conform to the new five-year period.
- The deadline for applying for a PPP loan has been extended from June 30, 2020 to December 31, 2020.
- The deferral of principal and interest payments has been extended from six months to the earlier of the date a borrower submits their application for loan forgiveness or 10 months.
- The period in which an employer may rehire or replace an employee who was laid off between February 15, 2020 and April 26, 2020 or to restore reductions in compensation of greater than 25 percent has been extended to December 31, 2020.
- New sections have been added that provide an exemption from a reduction of loan forgiveness if an employer is unable to fully restore their workforce. Specifically, if an employer is either unable to hire qualified workers on or before December 31, 2020 or unable to return to the same operating level the business was operating at before February 15, 2020 due to complying with guidance issued by the Department of Health and Human Services secretary, the Centers for Disease Control director, or the Occupational Health and Safety Administration during the period from March 1, 2020 to December 31, 2020, this inability won't count against satisfying the employment test.

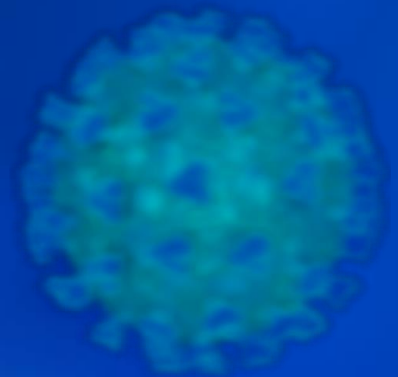
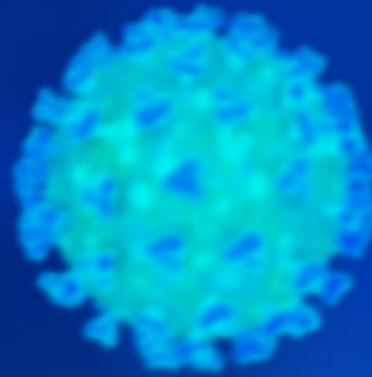
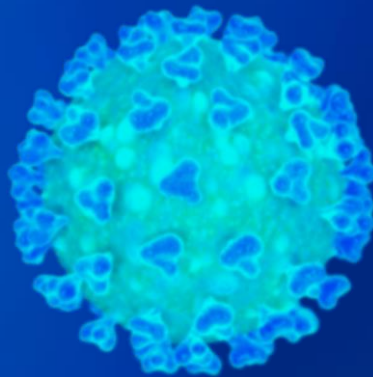
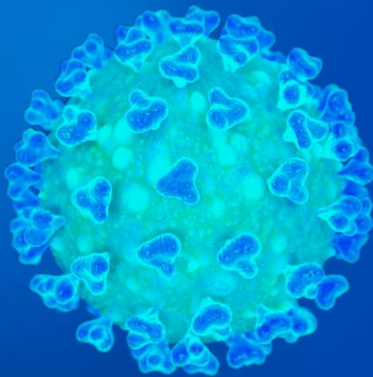
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CNY Family^{03.} Care Case Study

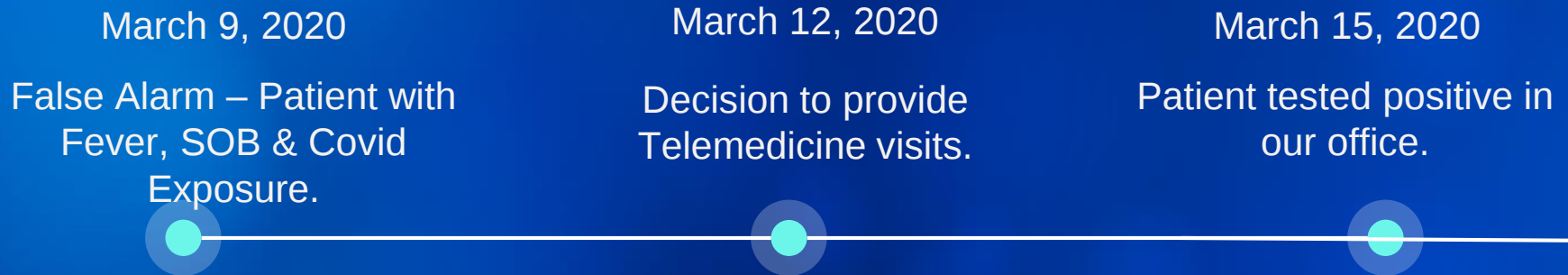
Example of how CNY leveraged relief programs and technology to maintain cash flow during Covid-19 pandemic.



Time-Line of Events That Affected CNY Family Care



Time-Line of Events



Onondaga County
466,000 patients and 65 cases – 0.13%

Time-Line Continued

April 4, 2020

Payroll Protection Program
Loan Application
Completed

April 14, 2020

Payroll Protection Program
Loan was funded



Some Appointment History Data



800+

Patients seen daily pre-
Covid-19

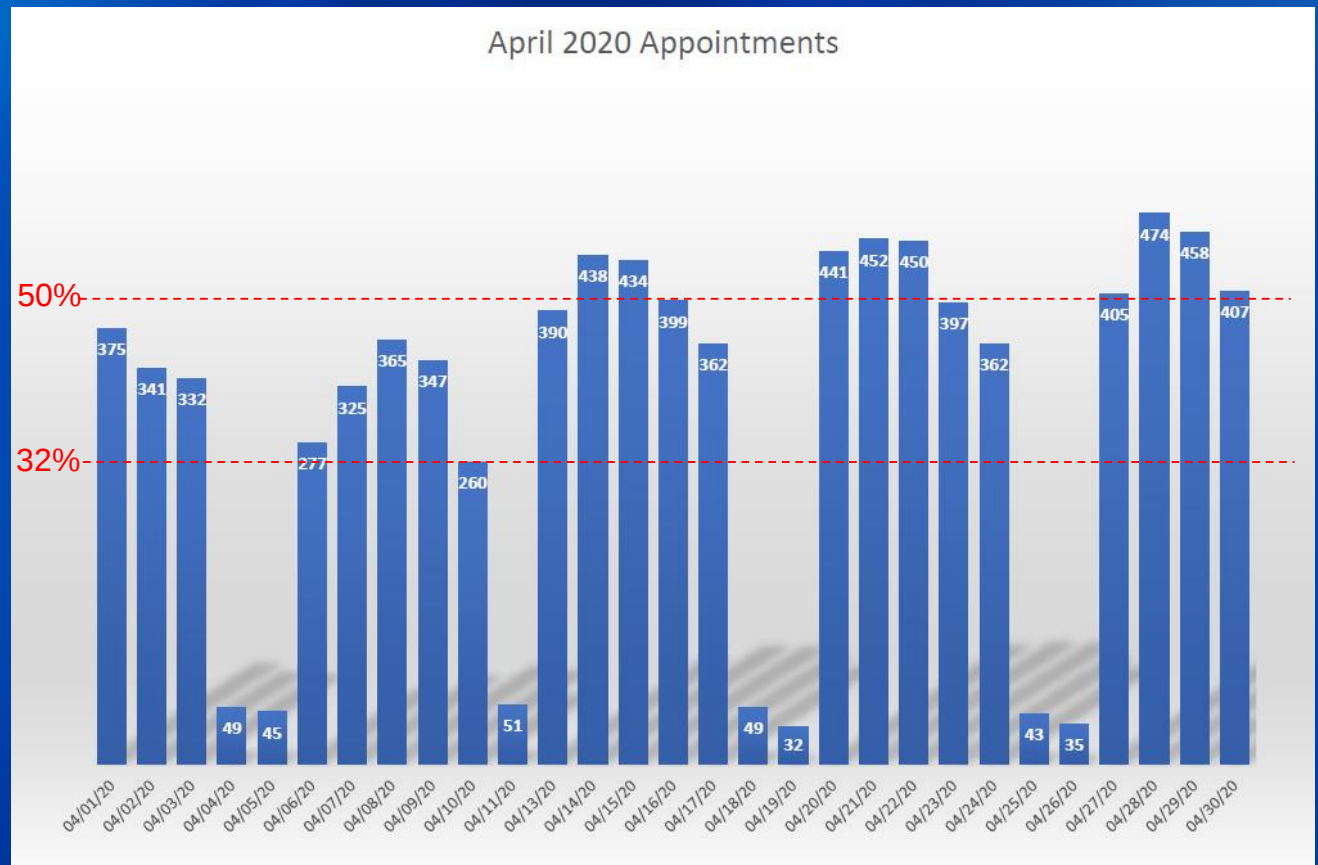
32%

Lowest percentage of
Appointments at CNY
Family Care

March 2020 Appointments



April 2020 Appointments



Guiding Principles Used By Our Practice

01

Protect Our Staff and Patients
Develop Safety Measures and Protocols

02

Communication to our Employees and
Patients

03

Comply with Governmental Guidance

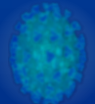
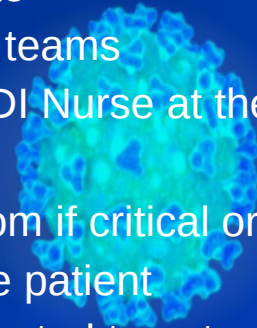
04

Plan and Open Incrementally

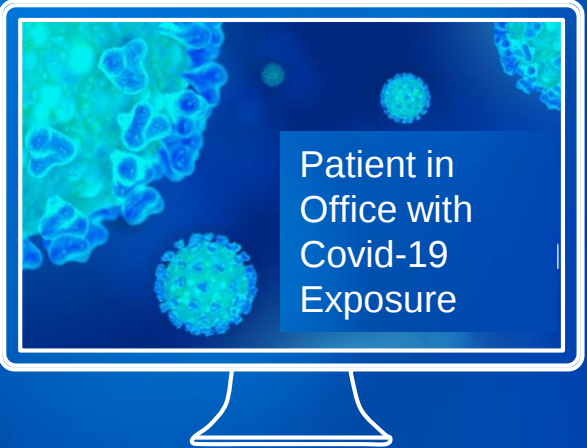
Our Goal Was To Keep The Covid-19 Exposed Patient Out Of The Office



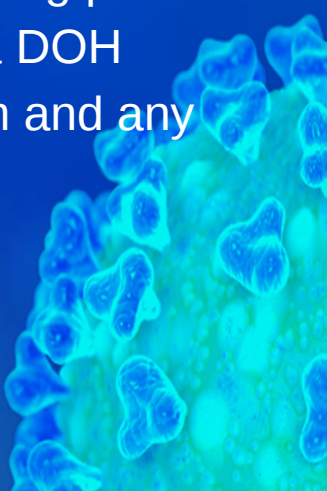
- Suspect Covid-19 Triage Template
- Positive Screen triaged to clinical teams
- CDC algorithm - Staff contacts CDI Nurse at the Onondaga DOH
- Patient directed to emergency room if critical or
- Conduct an E-visit and assess the patient
- Patient needing to be tested instructed to goto our tent for Covid-19
- Patient treated from home and self-quarantine until results are known
- Notify DOH if test is positive
- If a patients symptoms become worse, emergency room is notified that a positive patient is being transported



If a Patient did Present in the Office with a Possible Covid-19 Exposure



Patient in
Office with
Covid-19
Exposure

- Signs in waiting room directing patients concerned over Covid-19 exposure to not sit in the waiting room
 - Mers-Corona Virus Screening questionnaire performed and if positive a facemask is given to patient and instructed to remain in the car
 - Staff wears appropriate PPE when screening patient
 - Staff contacts CDI Nurse at the Onondaga DOH
 - Clinical Staff must disinfect the exam room and any equipment
- 

CNY Screening Phone and Check In Protocol

Over the Phone Screening Questions for Corona Virus/ COVID-19 per CDC guidelines:

Phone Screening will be performed on ALL Patients calling for an appointment.

1. Are you currently experiencing shortness of breath, or difficulty breathing.
(If yes, refer to protocol #1).
2. Are you currently experiencing any of the following symptoms: cough, fever, chills, muscle pain, headache, sore throat, loss of taste or smell.
(If yes to two or more symptoms refer to protocol 2).
3. Are you currently being tested for COVID-19 or have you tested positive for COVID-19 within the last 14 days? Yes No
4. Have you come into close contact with someone currently being tested for COVID-19 or someone who has tested positive for COVID-19 within the last 14 days? Yes No

(If yes to questions 3 or 4 refer to protocol #2.)

Protocol for all patients who screen positive for Possible COVID-19 over the phone?

- 1) If they report they have shortness of breath or difficulty breathing the receptionists will start a triage and then transfer the patient call back to the team. The receptionist will remain on the phone with the patient until a nurse is on with the patient. The nurse will assess if the patient needs to seek ER care. Nurse will discuss case with provider, and they will decide if the patient is appropriate for a video visit or if the patient should come into the office.
If they decide to schedule the patient for on in office visit the nurse will document "Possible COVID-19" as the primary reason for the visit in the appointment notes field. This will alert reception that this patient has already screened positive; they will give patient a surgical mask as soon as they arrive at check in. This will also help to alert nurse who will be rooming the patient that this patient has Possible COVID-19.
- 2) For all other patients who screen positive for possible COVID-19 over the phone the receptionists will advise the patient that for their safety as well as the safety of our staff we recommend they do not come into the office. They will inform the caller that we have telemedicine and offer the patient a video visit with their PCP. If PCP has no video visit openings, they can book the patient for a video visit with any provider. If the receptionists are unable to schedule a video visit due to technology issues, they will schedule the patient for a telephone visit using the appt type PHONE.
- 3) A video visit or telephone visit will be performed for all patients who screen positive for possible COVID-19 and they will then be scheduled for COVID-19 testing at the outside tent since we have unlimited diagnostic testing capacity at this time. It will be up to the provider to also have the patient tested for the Flu or Strep at the tent at the time of the COVID-19 testing.

- 4) If the patient is adamant about being evaluated by their Physician/Provider in the office the call should be triaged and sent to the team. If the Clinician decides to bring the patient in to the office the staff member should write on the appointment line the reason for the visit as well as "pt to call when arrives". The patient should be advised when they arrive, NOT to come in the office. Once the patient has arrived in the parking lot they should call the office and reception will then transfer the call to the teams emergency line. The team member should advise the patient to enter the office. The clinical staff member will then be in the waiting room prepared for the patients arrival, donned in the appropriate PPE w/ a mask for the patient to apply if they do not have their own; and bring the patient straight back to the exam room.

Check in Process:

ALL patients should have a mask on when presenting to the office. If the patient is not wearing a mask, we will provide one for them.

1. Are you currently experiencing any of the following symptoms: cough, fever, chills, muscle pain, headache, sore throat, loss of taste or smell? Yes No
2. Are you currently being tested for COVID-19 or have you tested positive for COVID-19 within the last 14 days? Yes No
3. Have you come into close contact with someone currently being tested for COVID-19 or someone who has tested positive for COVID-19 within the last 14 days? Yes No

If patient answers yes to any of the above proceed as a Positive Screen.

ACTION REQUIRED - For a POSITIVE Screen:

- Obtain patient current cell phone number.
- Advise the patient to return to their vehicle and wait for one of our clinical staff members to call them on their cell phone to advise of next steps.
- Immediately call back to notify nursing staff.

ACTION REQUIRED - For a POSITIVE Screen when the patient does not have a cell phone with them:

- If you have not already done so, give the patient a face mask.
- Obtain their vehicle information: make, model, and color.
- Advise the patient to return to their vehicle.
- Advise them a clinical staff member will come out to speak to them in their vehicle. Ask them to please be patient.
- Immediately call back to notify nursing staff.

ACTION REQUIRED - For a POSITIVE Screen and the patient does not have a vehicle:

- Call back to notify the nursing staff. The patient should not be asked to sit and wait in the waiting room.
- Once you speak with the nursing staff member and they confirm they have a room to isolate the patient, the nurse will come up to physically escort the patient back to the provider's pod.

Communication to Employees

At this point, the middle of March seems like a long time ago. The partners would like to thank everyone for their commitment to the patients of the practice and for truly rising to the occasion over the past month. We have seen some glimmers of hope, related to getting back to whatever the new normal is so we are optimistic about what the future holds. We do want to take a moment to update everyone on a couple of issues and give a status report on things as they stand now.

As you all know, the practice has not been as busy as it once was. We have been redirecting patients from the office when necessary and using alternative communication methodologies to care for our patients and check up on them. These things coupled with patients being afraid to leave their house has



Dear Employees of CNY Family Care,

I know we are all feeling unsure and under a lot of stress in these uncertain times in both our communities and our country right now. We are all experiencing a lot of changes in a very short amount of time with little to no notice. I want to reassure you that our partners are and have always been committed to taking care of their employees and will continue to do so to the best of their abilities. They have been working tirelessly to get us the needed supplies to keep us all safe during this situation. So as things change and we are receiving an influx of information, I thought it would be good to touch base with you and discuss some options available and answer any questions you may have.

First, as far as our practice staying open, we are an essential business. We provide an important service to our community and will remain open during this time. We have made efforts to spread out our

nificant revenue

ms. In addition, the
:bt. We have been
ded. A combination
usiness as closely to

Family Care has no
s.
e profit sharing for
ofit sharing is

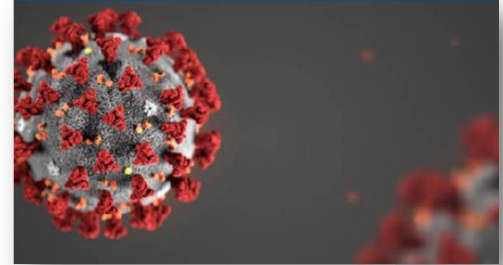
going forward.
reeze wage increases
se that received
get back to normal

: times. You are very

Track Updates by State Guidelines:



Department
of Health



An Update for NYS Healthcare Providers on COVID-19

April 30, 2020

**Elizabeth Dufort, MD, FAAP
Medical Director, Division of Epidemiology
New York State Department of Health**

Track Updates by Payers:

Excellus BCBS Updates on COVID-19 (Coronavirus)

COVID-19 Information and Resources

Last Updated: 05/22/2020

We are closely monitoring Novel Coronavirus (COVID-19). Our top priority is the health and well-being of the members that we serve. We are also committed to sharing the information we have when it becomes available to us. Because information is changing and evolving daily, please check back regularly. We are in contact with local, state and federal health and other officials and we will implement applicable orders, regulations, and requirements as they become effective.

Please continue to refer to the following websites for up-to-date health information:

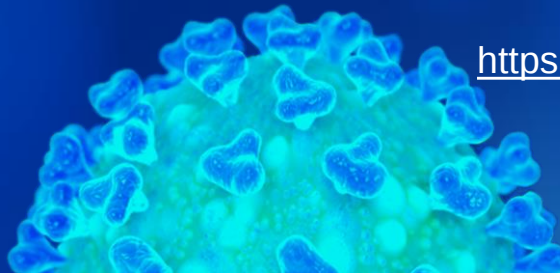
§ U.S. Centers for Disease Control and Prevention [↗](#)

§ New York State Department of Health [↗](#)

§ Your County Health Department

We also encourage you to check our [News and Updates](#) regularly for communication updates. Type COVID-19 in the Search area. Keep in mind that you must be logged in with your username and password to access all news updates.

THANK YOU for your patience, understanding and collaboration as we all rally to navigate this new health care landscape.



<https://provider.excellusbcbs.com/coronavirus>

CNY Family Care COVID-19 Business Safety Plan



General Employee Health
and Hygiene



Employee Screening
Protocol



Protocols for Return to Work
Following COVID-19
Exposure or Infection

Monitoring and Managing
Personnel



Personal Protective
Equipment and Infection
Control Protocol



Patient Interaction Protocols

Social Distancing Protocol



Reporting Transparency
Protocol

COVID-19 Exposure and
Confirmed Illness Protocol

Clinical Department COVID-
19 Safety Plans

Guiding Principles For Your Practices

01

Protect Your Staff and Patients
Develop Safety Measures and Protocols

02

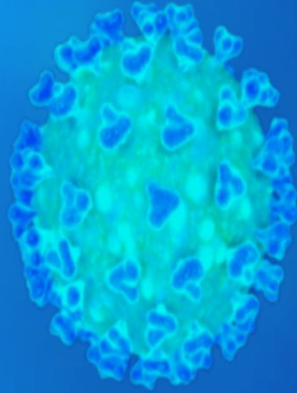
Communication to Your Employees and
Patients

03

Comply with Governmental Guidance

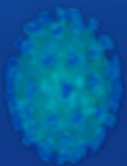
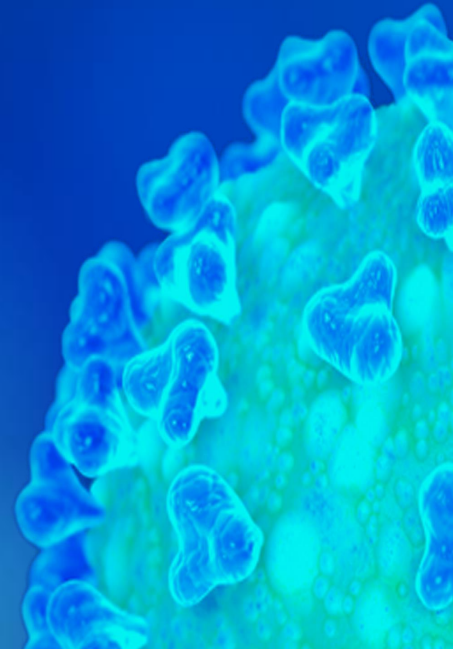
04

Plan and Open Incrementally

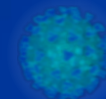


IMPROVING REIMBURSEMENT

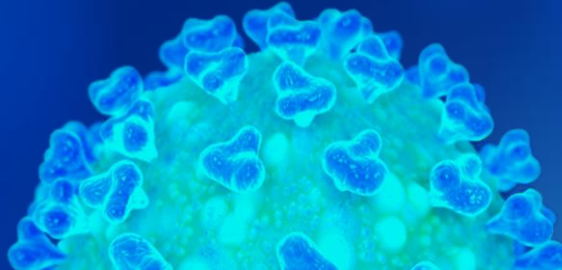
What You Need to Know



Excellus BCBS of CNY Telemedicine Reimbursement



Technology	Provider Codes and reimbursement	Eligible Members	Description / Information	Requirements	Template
Telephone Visits by Physician NP, PA, 5-10 minutes of medical discussion.	99441: \$14.00 Excellus	All Payers, EXCEPT STRAIGHT MEDICARE	Telephone service provided by a physician or other qualified health professional who may report E/M Services provided to an established patient not originating from a related E/M service or procedure.	1. Visit start and stop time must be documented. 2. If patient is seen within 24 hours of telephone visit, the telephone visit becomes part of the E/M. 3. Telephone visit cannot be related to an office visit from previous 7 days.	PC-Phone Visit
Telephone Visits by Physician NP, PA, 11-20 minutes of medical discussion.	99442: \$26.75 Excellus	All Payers, EXCEPT STRAIGHT MEDICARE	Same as above	Same as above	Same as above
Telephone Visits by Physician NP, PA, 21-30 minutes of medical discussion.	99443: \$35.09 Excellus	All Payers, EXCEPT STRAIGHT MEDICARE	Same as above	Same as above	Same as above



Use secure Telecommunication software

I don't know if anyone uses zoom the video call system, but it was recently reported that the site was hacked and video calls were interfered with and breeched.

This is a cut and paste from the article:

Zoom founder and CEO Eric Yuan said his company wasn't prepared for the influx of novice users.

"I think this is a mistake and lesson learned," he said.

He said businesses using Zoom typically have IT departments that require employees to use passwords and enable additional security features, something first-time users often don't do.

"So this is something new, too. Quite often those are also first-time Zoom users, as well," Yuan said.

Annual Wellness Visits via phone by our midlevels

3/26/2020

Here is the relief we were looking for on AWW. I think we can move ahead quickly now. Thanks.

Thanks for the question. We have heard one ACO reached out to their MAC on this and that MAC (NY area- your MAC) said the following, here is the post, below. We are asking for CMS to put out national guidance on this topic as we have gotten a lot of questions about this. Stay tuned, hopefully we will have a clear answer for you soon.

As we try to implement some of the new telehealth flexibilities CMS has recently granted in light of COVID-19, I wanted to share what the National Government Services (NGS) Part B told us in regard to Annual Wellness Visits. They advised us to document in the record why certain required components of the code, like BP and weight, cannot be obtained and under the current circumstances it should not be a problem. You may want to reach out to your MAC to confirm this as well but this is promising news.

I don't have further resources that outline the documentation requirements as Covid-19 has put us in uncharted CDI/coding waters . I received my guidance by asking during an NGS call on March 19th. They will be posting a recording of that call on their website <https://www.ngsmedicare.com><<https://www.ngsmedicare.com/>> within the next few weeks. NGS is scheduling regular calls on the topic of telehealth over the next few weeks. I am sure we will receive more guidance as this situations unfolds. I would definitely recommend you check with your MAC to see if they are offering the same. I'll share any updates I receive as they become available.

Jennifer Gasperini
Director of Regulatory and Quality Affairs
NAACOS

The background of the slide is a deep blue gradient. On the left side, there is a large, detailed cluster of cells, possibly representing a tissue sample or a large virus particle, with a yellowish-green center and a blue outer layer. In the upper right, there is a small, isolated virus particle with a blue core and a yellowish-green outer layer. In the lower left, there is another virus particle, similar in structure to the one in the upper right, but with a more complex, multi-layered appearance.

04.

Conclusion

Summary of Criteria for Reopening Your Practice

CRITERIA FOR REOPENING YOUR PRACTICE

- Comply With Governmental Guidance
- Make a Plan and Open Incrementally
- Institute Safety Measures for Patients
- Ensure Workplace Safety for Clinicians and Staff
- Implement a Tele-Triage program
- Screen Patients Before In-Person Visits
- Coordinate Covid-19 Testing With Local Hospitals and Clinics
- Limit Non-Patient Visitors
- Contact Your Medical Malpractice Insurance Carrier
- Establish Confidentiality – Privacy and Data Security Protocols
- Consider Legal Implications

CRITERIA FOR REOPENING YOUR PRACTICE

- Comply With Governmental Guidance
 - Federal – Guidelines for Opening Up America Again
 - State – ex. California Roadmap to Modify Stay at Home Order
 - AMA – Fact sheet detailing state specific delays & resumption

CRITERIA FOR REOPENING YOUR PRACTICE

- Make a Plan and Open Incrementally
 - Stepwise approach to identify and address practical challenges presented:
 - PPE needs
 - Supply line
 - Cleaning after contamination
 - Employee contact

CRITERIA FOR REOPENING YOUR PRACTICE

- Institute Safety Measures for Patients
 - Avoid patient contact with patient schedules
 - Sick and Well waiting areas
 - Stay in your car while waiting
 - Limit patient companions
 - Face masks for all patients

CRITERIA FOR REOPENING YOUR PRACTICE

- Ensure Workplace Safety for Clinicians and Staff
 - Screen Employees for temperature and symptoms
 - Supply facemasks for all employees
 - PPE for Covid-19 screening
 - Cleaning schedules
 - Dedicated screening site
 - AMA - Ethical Obligations to Protect Health Care Professions

CRITERIA FOR REOPENING YOUR PRACTICE

- Implement a Tele-Triage program
 - Redirect symptomatic patients to Covid-19 testing site or hospital

CRITERIA FOR REOPENING YOUR PRACTICE

- Screen Patients Before In-Person Visits
 - Verify that patients do not have symptoms of Covid-19 prior to appointment
 - Telemedicine visits

CRITERIA FOR REOPENING YOUR PRACTICE

- Coordinate Covid-19 Testing With Local Hospitals and Clinics
Identify and work with testing sites in your catchment area

CRITERIA FOR REOPENING YOUR PRACTICE

- Limit Non-Patient Visitors
Clearly post your policy for individuals who are not patients

CRITERIA FOR REOPENING YOUR PRACTICE

- Contact Your Medical Malpractice Insurance Carrier
 - Do you need additional coverage for seeing Covid-19 patients
 - AMA advocating shielding of liability

CRITERIA FOR REOPENING YOUR PRACTICE

- Establish Confidentiality – Privacy and Data Security Protocols
 - Results of any screening of employees
 - HIPAA privacy, security, and breach notifications followed

CRITERIA FOR REOPENING YOUR PRACTICE

- Consider Legal Implications
 - The Families First Coronavirus Response Act
 - Paid sick leave

CRITERIA FOR REOPENING YOUR PRACTICE

- Comply With Governmental Guidance
- Make a Plan and Open Incrementally
- Institute Safety Measures for Patients
- Ensure Workplace Safety for Clinicians and Staff
- Implement a Tele-Triage program
- Screen Patients Before In-Person Visits
- Coordinate Covid-19 Testing With Local Hospitals and Clinics
- Limit Non-Patient Visitors
- Contact Your Medical Malpractice Insurance Carrier
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THANK YOU!



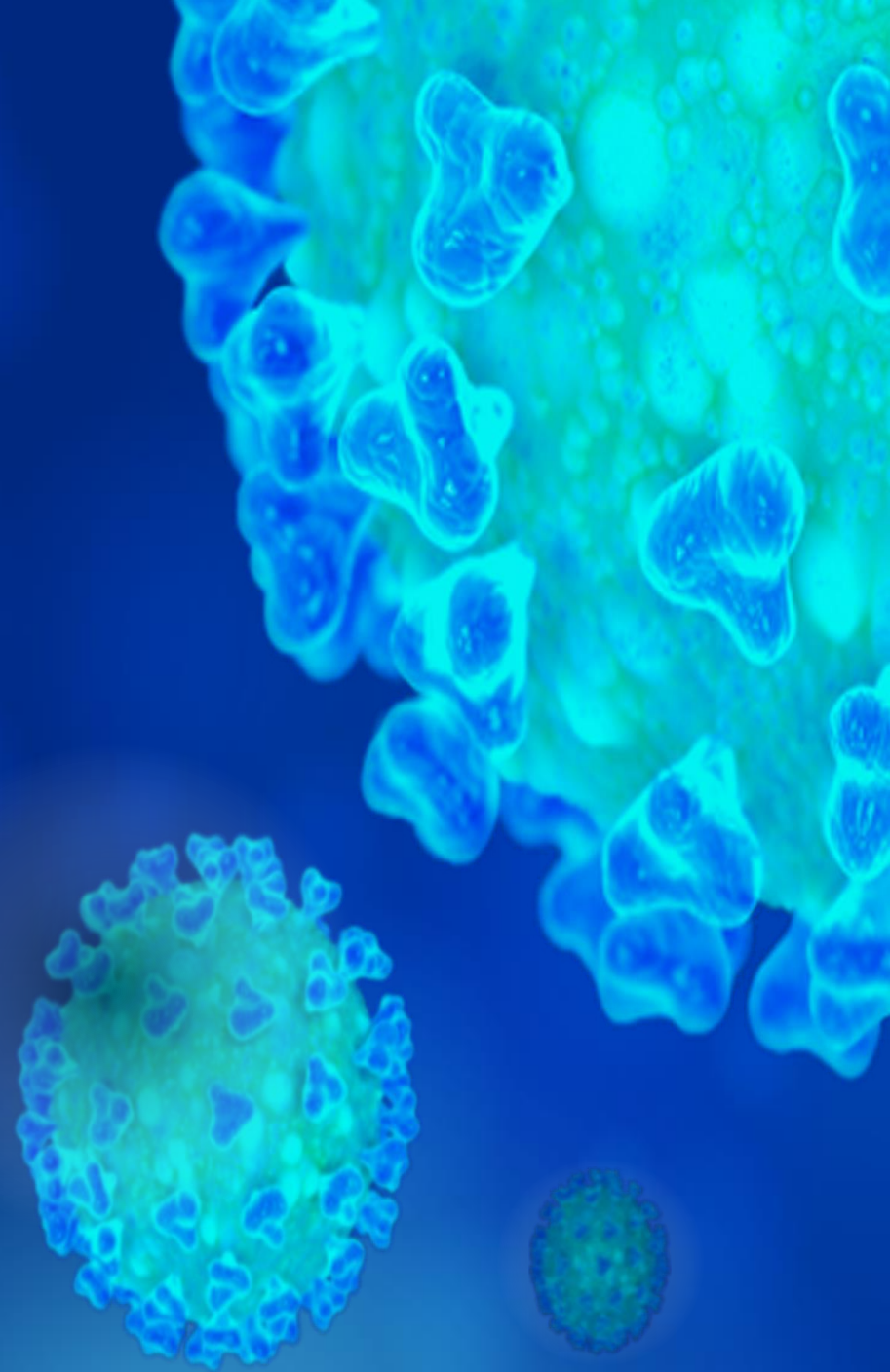
Do you have any questions?

Paul.Fiacco@sjhsyr.org

CNY Family Care

CREDITS: This presentation template was created by Slidesgo,
~~Special Thanks To My Partners, Providers and Staff (especially Fred~~
Special Thanks To My Partners, Providers and Staff (especially Fred
Letourneau and Debbie Kohutanich) of CNY Family Care

Public Health Covid-19: A physician practice guide to reopening





Trinity Health
Mid-Atlantic

Disclosures

All the planners and presenters for today's CME activity declare they do not have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this activity.

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Robert Monteleone, MD, and Paul Fiacco, MD

Thank you

Adjournment