23rd Annual HFMA Western Region Symposium

Tackling the Future of Healthcare

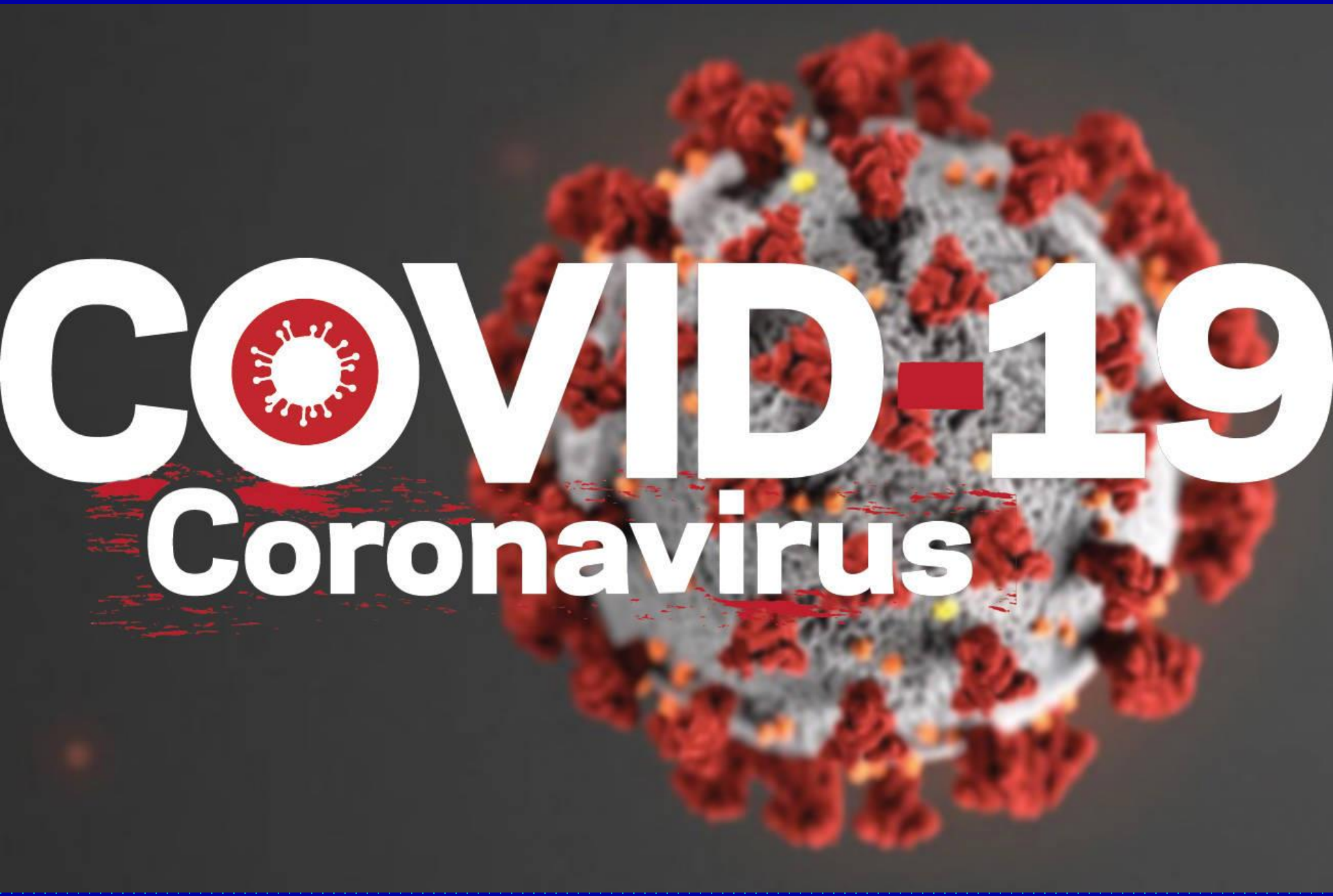
Revenue Cycle Agility: Lessons learned from COVID-19 challenges

Paris Las Vegas Hotel and Casino

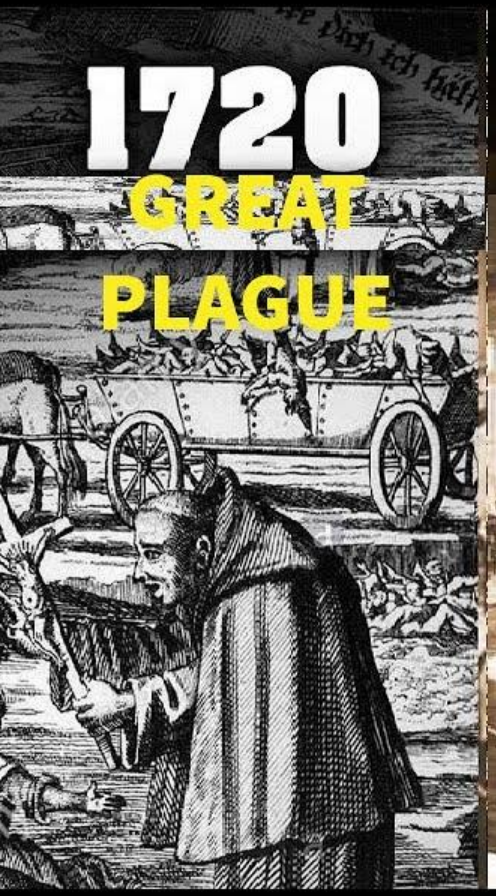
Las Vegas, NV

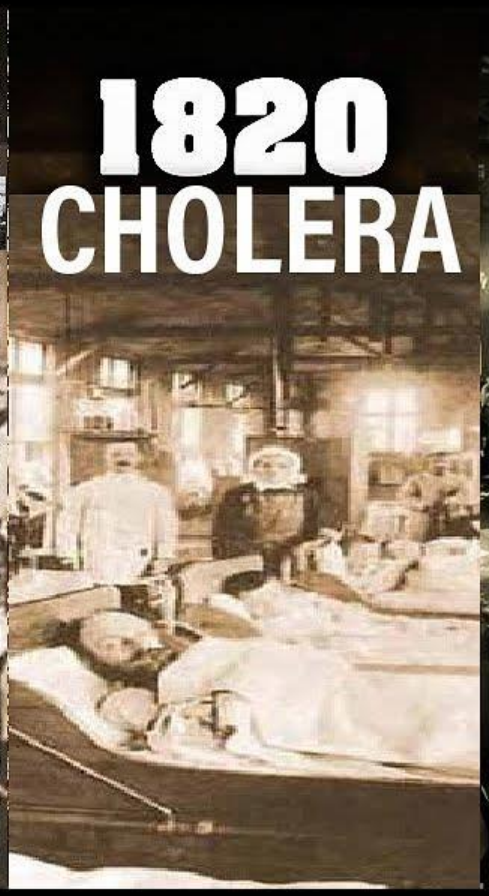
Joe Avelino RN, BSN, MHSA, CPHQ
Chief Executive Officer
College Medical Center

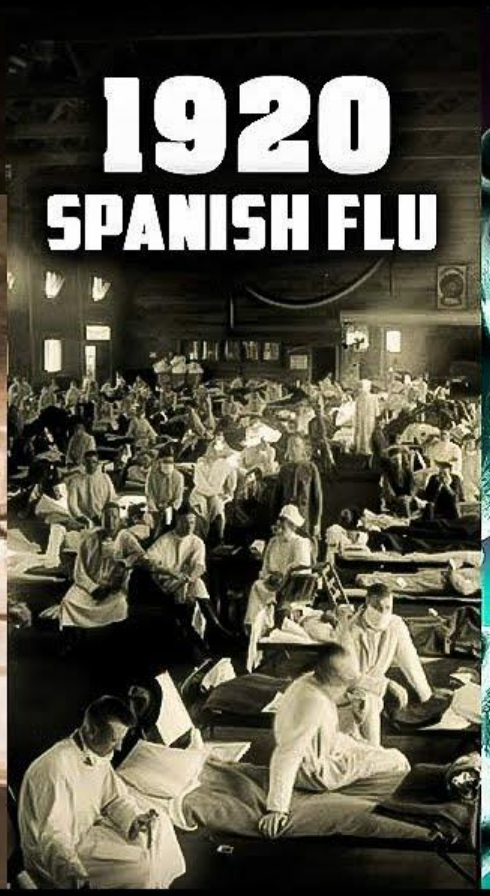
Monday, January 17, 2022

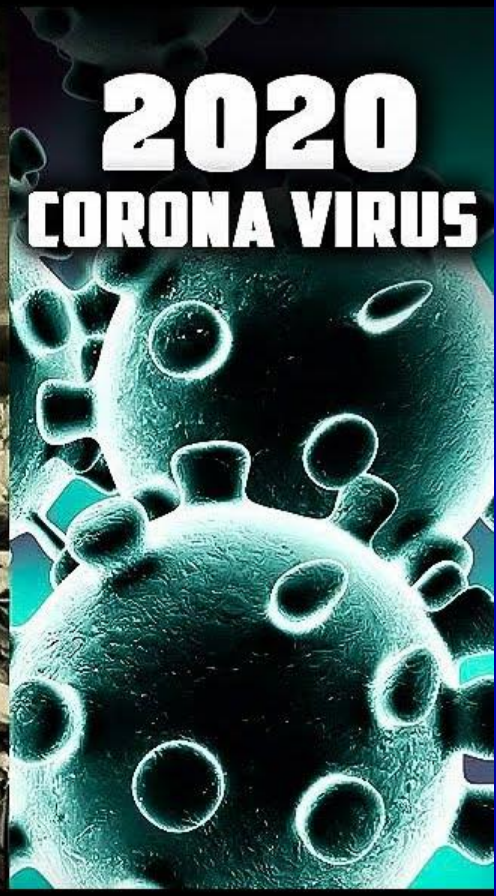

COVID-19
Coronavirus

Does It Truly Happen Every 100 Years?



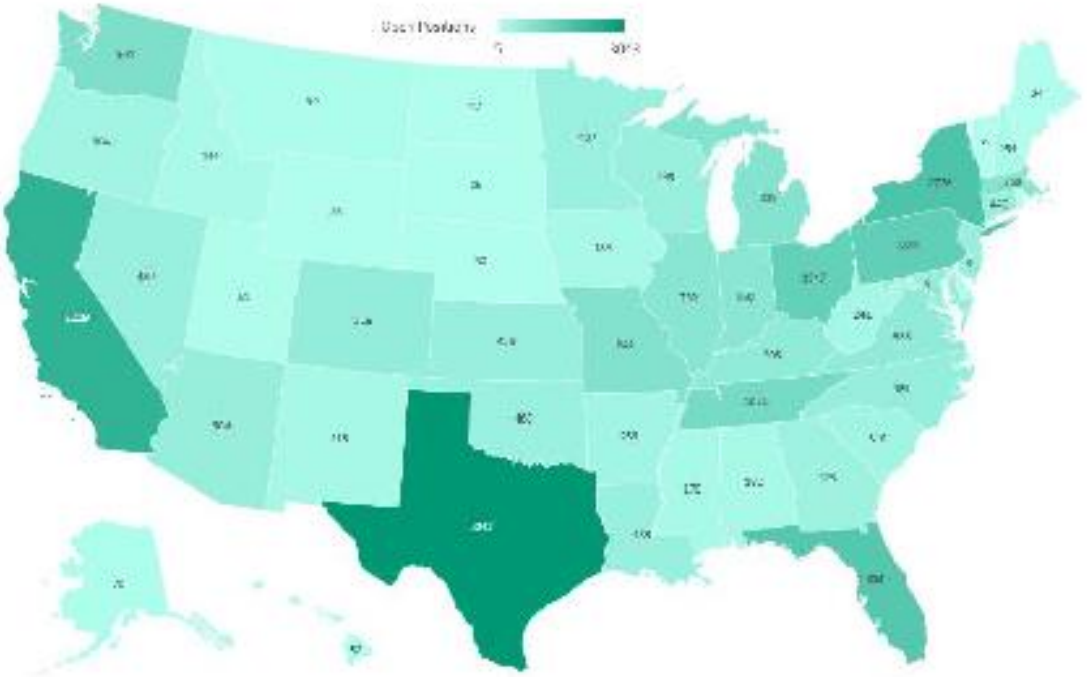






National Travel Crisis Nursing Demand by State

12/27/2021



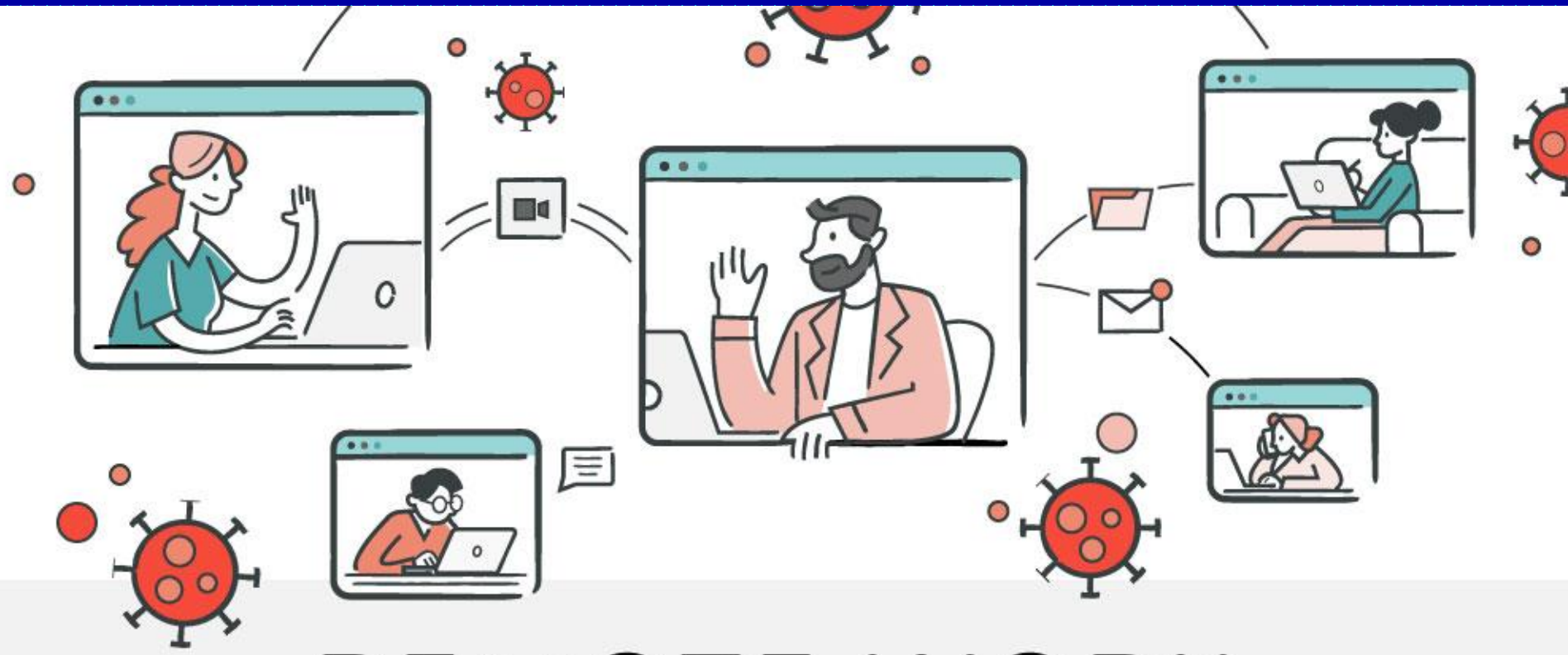
The states with the highest crisis nursing demand:

1. Texas (11%)
2. California (8%)
3. New York (6%)
4. Florida (6%)
5. Pennsylvania (5%)
6. Ohio (5%)
7. Tennessee (4%)
8. Washington (3%)
9. Missouri (3%)
10. Michigan (3%)

- *Data is as of 12/27/2021 and is based on Aya Healthcare data including direct contracts, managed service contracts, and support of third-party staffing programs.*
- *Crisis includes all jobs that are part of a "crisis/surge/rapid response" profile or over a $100 bill rate.*

Physician Burnout

- Historically Emergency Medicine has been a specialty with some of the highest burn out rates.
- Before COVID, 40% of EM physicians experience high levels of emotional exhaustion and depersonalization
- A joint was conducted in Oct 2020, 72% of EM physicians report burnout and 45% of them do not feel comfortable seeking mental health treatment



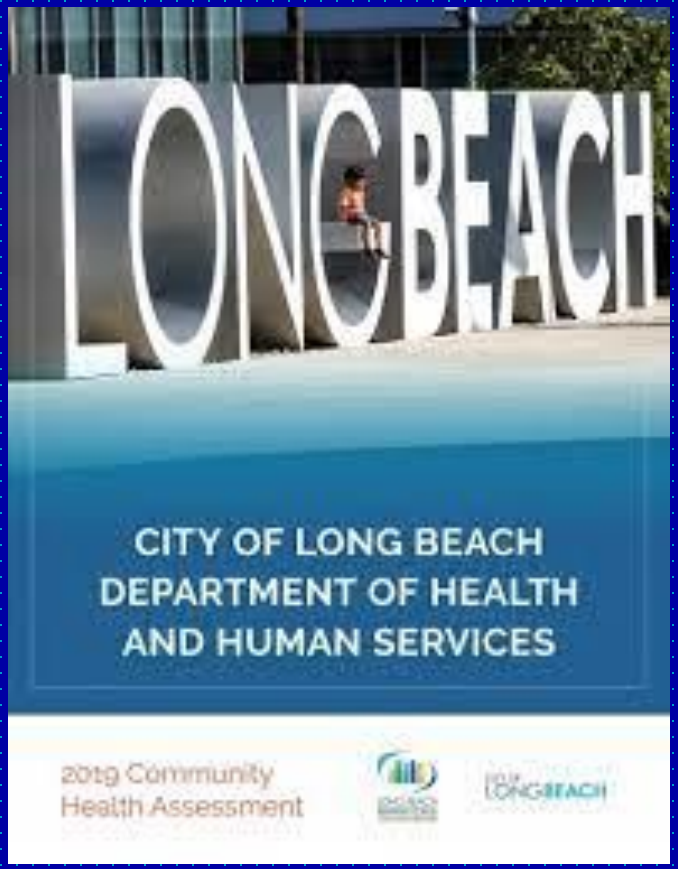
REMOTE WORK

in the Coronavirus Economy


CORONAVIRUS
CALIFORNIA
COVID-19
Paid Sick Leave


HERO PAY
ORDINANCE
FAILS
TO PASS

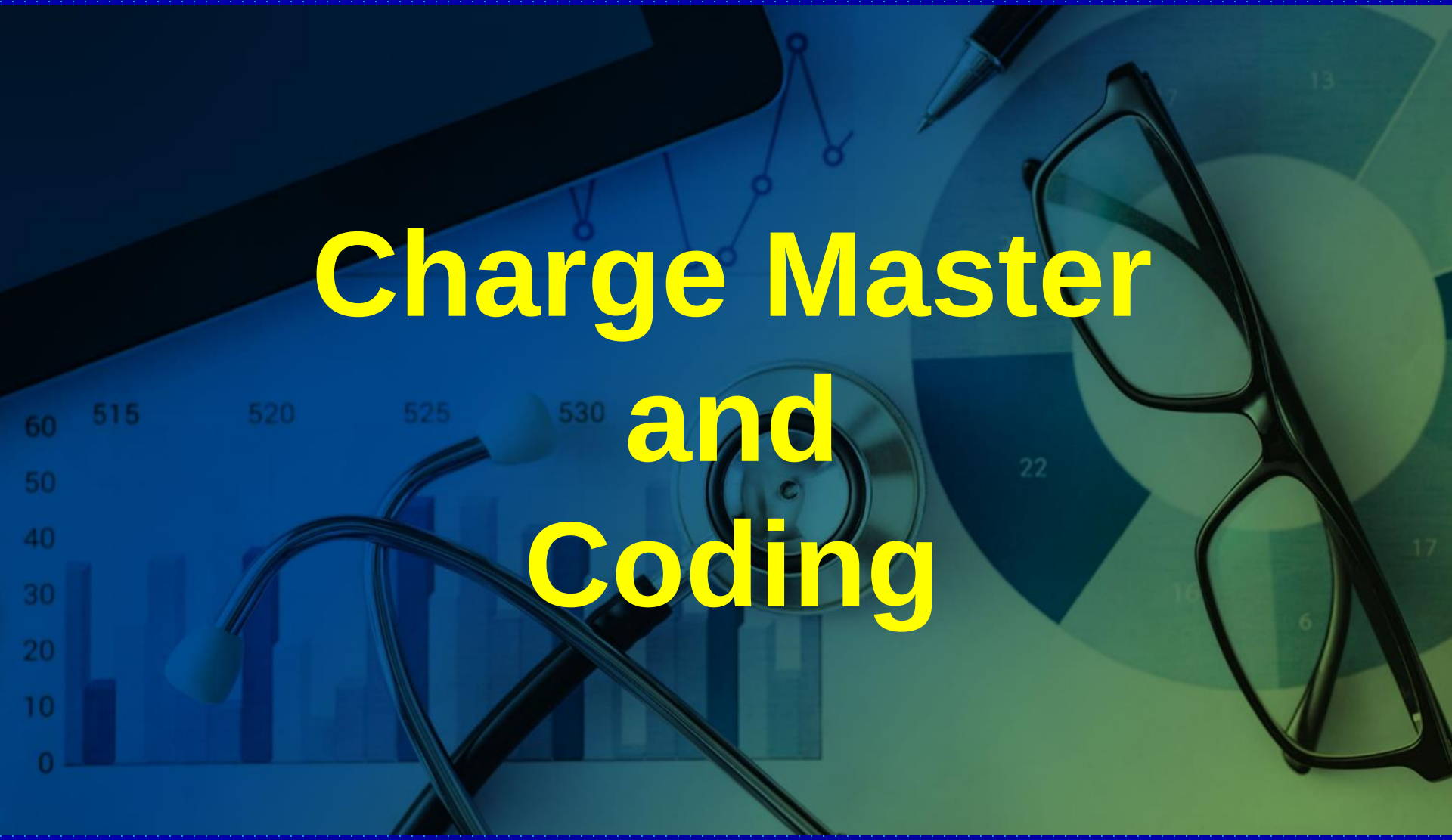
Governed by 2 Public Health Departments



COUNTY OF LOS ANGELES
Public Health


VACCINE
Pfizer
BIONTECH
Coronavirus COVID-19
VACCINE
moderna
Coronavirus COVID-19

Dining Tables on Sidewalks and Parking Lots as Restaurants Try to Survive



Charge Master and Coding

Coding for COVID-19: Laboratory Services

Healthcare Common Procedure Coding System (HCPCS)

U0001

Allows laboratories and healthcare providers to bill using the **CDC RT-PCR Diagnostic Test Panel =$36** reimbursement

U0002

In-house developed COVID-19 diagnostic tests **(Use to report non-CDC Laboratory Tests) = $51** reimbursement

CPT Codes to be Updated on Your CDM: Laboratory Services

CPT Code	Short Descriptor	Long Descriptor
87811	SARS-COV-2 COVID19 W/OPTIC	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
87637	SARSCOV2&INF A&B&RSV AMP PRB	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87636	SARSCOV2 & INF A&B AMP PRB	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87635	SARS-COV-2 COVID-19 AMP PRB	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
87428	SARSCOV & INF VIR A&B AG IA	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
86769	SARS-COV-2 COVID-19 ANTIBODY	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86413	SARS-COV-2 ANTB QUANTITATIVE	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
86409	NEUTRLZG ANTB SARSCOV2 TITER	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer
86408	NEUTRLZG ANTB SARSCOV2 SCR	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen
86328	IA NFCT AB SARSCOV2 COVID19	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
0241U	NFCT DS VIR RESP RNA 4 TRGT	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
0240U	NFCT DS VIR RESP RNA 3 TRGT	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0226U	SVNT SARSCOV2 ELISA PLSM SRM	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
0225U	NFCT DS DNA&RNA 21 SARSCOV2	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0224U	ANTIBODY SARS-COV-2 TITER(S)	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0223U	NFCT DS 22 TRGT SARS-COV-2	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0202U	NFCT DS 22 TRGT SARS-COV-2	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

Patient Diagnosed with COVID-19

1) **Principal diagnosis is U07.1**, COVID-19, followed by the codes for the viral sepsis and viral pneumonia.
2) **Adoption of code U07.1**, COVID-19, effective with discharges on and after April 1, 2020 as announced by the CDC in mid-March.
3) The **physician's diagnostic statement** that the patient has COVID-19 is sufficient, even if the patient does not have a COVID-19 positive test (i.e., If the provider still documents and confirms COVID-19 even though the test are negative, or the provider documented disagreement with the test results, assign code U07.1).
4) When a **COVID-19 test is positive** for a patient **admitted with a respiratory diagnosis**, coding professionals are permitted to link the positive COVID-19 test to the respiratory illness.

Coding for COVID-19
Asymptomatic vs. Symptomatic

1) **Z03.818:** coding should be used for **Asymptomatic** or suspected exposure for COVID-19 **AND** the patient tests **negative for COVID-19**. Encounter for "observation" for rule out.
2) **Z20.828:** coding should be used for **Symptomatic** or suspected exposure for COVID-19 **AND** the patient tests **negative** or **results unknown for COVID-19**.
   a) **Z20.828:** may be assigned without explicit documentation of exposure or suspected exposure to COVID-19.
   b) **Z20.828:** can also be assigned to a patient with respiratory signs or symptoms, testing for COVID-19 is negative, and the **patient is determined to have another condition** (e.g. flu, pneumonia). In this example, codes should be assigned for the condition (e.g. flu, pneumonia) and code Z20.828 should be assigned as an additional diagnosis.
3) If a test is performed during the visit or hospitalization, but results can come back after discharge positive for COVID-19, then it should be coded as confirmed COVID-19.
4) **Z11.59:** COVID-19 testing (general)

ICD-10 Coding
Other Respiratory Diagnosis caused by COVID-19

1) **J12.89:** exposure to other viral pneumonia due to a positive COVID-19 test. (i.e., This code will only be used if MD documents “due to novel coronavirus”)
2) **J20.8:** acute bronchitis confirmed as due to COVID-19 (however, assign codes for COPD overrides bronchitis).
3) **J22:** If the COVID-19 is documented as being associated with a lower respiratory infection.
4) **J80:** acute respiratory distress syndrome (ARDS) due to COVID-19.
5) **J98.1:** atelectasis
6) **J98.8:** Other specified respiratory disorders (e.g., COPD, emphysema, asthma, etc.).

Coding for COVID-19: Signs and Symptoms

Patients presenting with signs and symptoms where a definitive diagnosis has NOT been established, you can code for the following:

1) **R05:** Cough
2) **R06.02:** Shortness of breath
3) **R50.9:** Fever, unspecified

Coding for COVID-19: Positive Results

1) U07.1: If the test results are positive, code U07.1 should be assigned instead of either code Z03.818 or Z20.828. Z20.828 is a patient with respiratory signs or symptoms, testing for COVID-19 is negative and the patient is determined to have another condition (e.g. flu, pneumonia)

    a) If the provider still documents and confirms COVID-19 even though the test are negative, or the provider documented disagreement with the test results, assign code U07.1

2) Z09: code is assigned when a patient who previously had COVID-19 is seen for a follow-up exam and the COVID-19 test is negative.

3) Z86.19: code is assigned if the provider documents that the patient no longer has COVID-19, but has personal history of other infectious and parasitic diseases.

Average Reimbursement MS-DRG and APR-DRG (Page One)

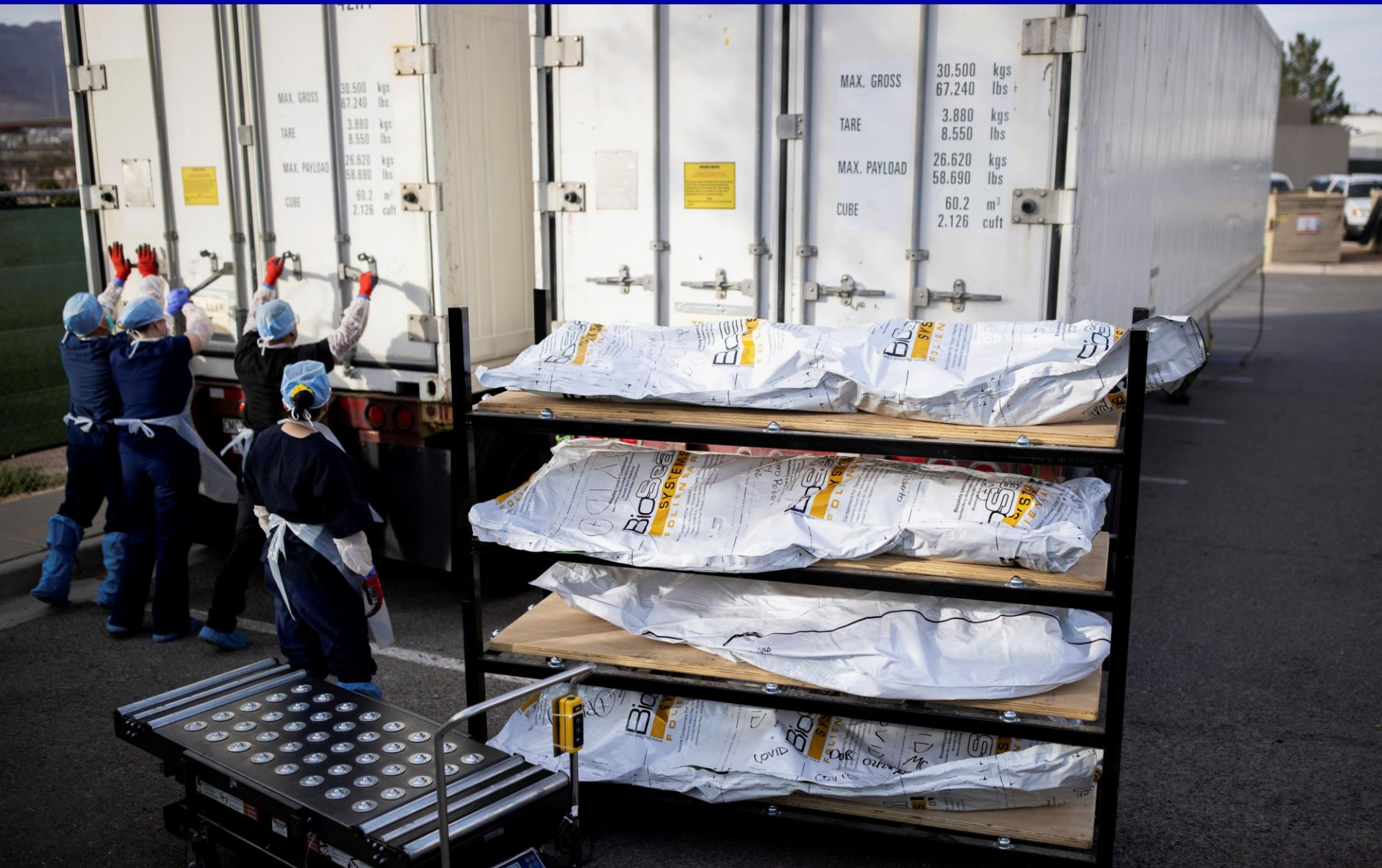
MS DRG	DRG_DESCRIPTION	APR/MS- DRG	# of Cases	Average of PAYMENT
4	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	005-Extreme 4	2	$ (65,723.32)
	TRACHEOSTOMY WITH MV >96 HOURS OR PRINCIPAL DIAGNOSIS EXCEPT F	MS-DRG	2	$ (123,113.82)
91	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC	MS-DRG	1	$ (12,545.82)
175	PULMONARY EMBOLISM WITH MCC OR ACUTE COR PULMONALE	MS-DRG	1	$ (26,258.79)
177	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	137-Extreme 4	19	$ (14,911.81)
		137-Major 3	20	$ (10,295.07)
		137-Moderate 2	2	$ (5,600.00)
	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	MS-DRG	42	$ (22,331.09)
178	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	137-Major 3	5	$ (7,477.13)
		137-Moderate 2	1	$ (7,587.71)
	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC	MS-DRG	8	$ (11,934.45)
179	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC	MS-DRG	1	$ (10,706.45)
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	130-Extreme 4	4	$ (43,697.87)
	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT > 96 HOUR	130-Major 3	1	$ (31,873.92)
	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT >96 HOURS	MS-DRG	5	$ (56,589.88)
208	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	137-Extreme 4	5	$ (15,393.24)
	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <=96 HOUR	MS-DRG	6	$ (35,738.50)
299	PERIPHERAL & OTHER VASCULAR DISORDERS	197-Major 3	1	$ (7,151.34)
308	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC	MS-DRG	1	$ (12,778.68)
377	PEPTIC ULCER AND GASTRITIS	241-Major 3	1	$ (9,089.10)
388	INTESTINAL OBSTRUCTION	247-Major 3	1	$ (7,217.30)
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	282-Major 3	1	$ (8,488.82)
		282-Moderate 2	1	$ (5,662.75)
441	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC H	MS-DRG	1	$ (20,194.59)
492	SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEM	315-Major 3	1	$ (17,032.08)

Average Reimbursement MS-DRG and APR-DRG (Page Two)

602	CELLULITIS & OTHER SKIN INFECTIONS	383-Extreme 4	1	$ (16,167.53)
637	DIABETES	420-Extreme 4	1	$ (16,540.00)
640	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	422-Major 3	1	$ (3,200.00)
	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND E	MS-DRG	1	$ (14,571.49)
682	RENAL FAILURE WITH MCC	MS-DRG	1	$ (15,889.73)
689	KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	MS-DRG	1	$ (13,309.16)
811	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	663-Major 3	1	$ (7,665.35)
	SICKLE CELL ANEMIA CRISIS	662-Major 3	1	$ (1,700.00)
840	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH MCC	MS-DRG	1	$ (35,153.19)
870	SEPTICEMIA & DISSEMINATED INFECTIONS	720-Extreme 4	4	$ (24,161.73)
	SEPTICEMIA OR SEVERE SEPSIS WITH MV >96 HOURS	MS-DRG	1	$ (70,243.80)
871	SEPTICEMIA & DISSEMINATED INFECTIONS	720-Extreme 4	4	$ (13,907.52)
	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	MS-DRG	6	$ (18,568.77)
896	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERA	MS-DRG	1	$ (19,778.52)
	OPIOID ABUSE & DEPENDENCE	773-Major 3	2	$ (4,292.98)
917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	MS-DRG	1	$ (2,649.00)
	POISONING OF MEDICINAL AGENTS	812-Major 3	1	$ (6,169.04)
981	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSI	951-Extreme 4	1	$ (37,209.68)
Grand Total			163	$ (20,902.54)


COVID-19
DELTA VARIANT

Refrigerated Mobile Morgue Trailers



Department of Public Health Visitation Guidelines

CDPH
Tomás J. Aragón, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health

[redacted]
Governor

June 15, 2021

AFL 20-38.7

TO: All Facilities

SUBJECT: Visitor Limitations Guidance
(This AFL supersedes AFL 20-38.6)

All Facilities Letter (AFL) Summary

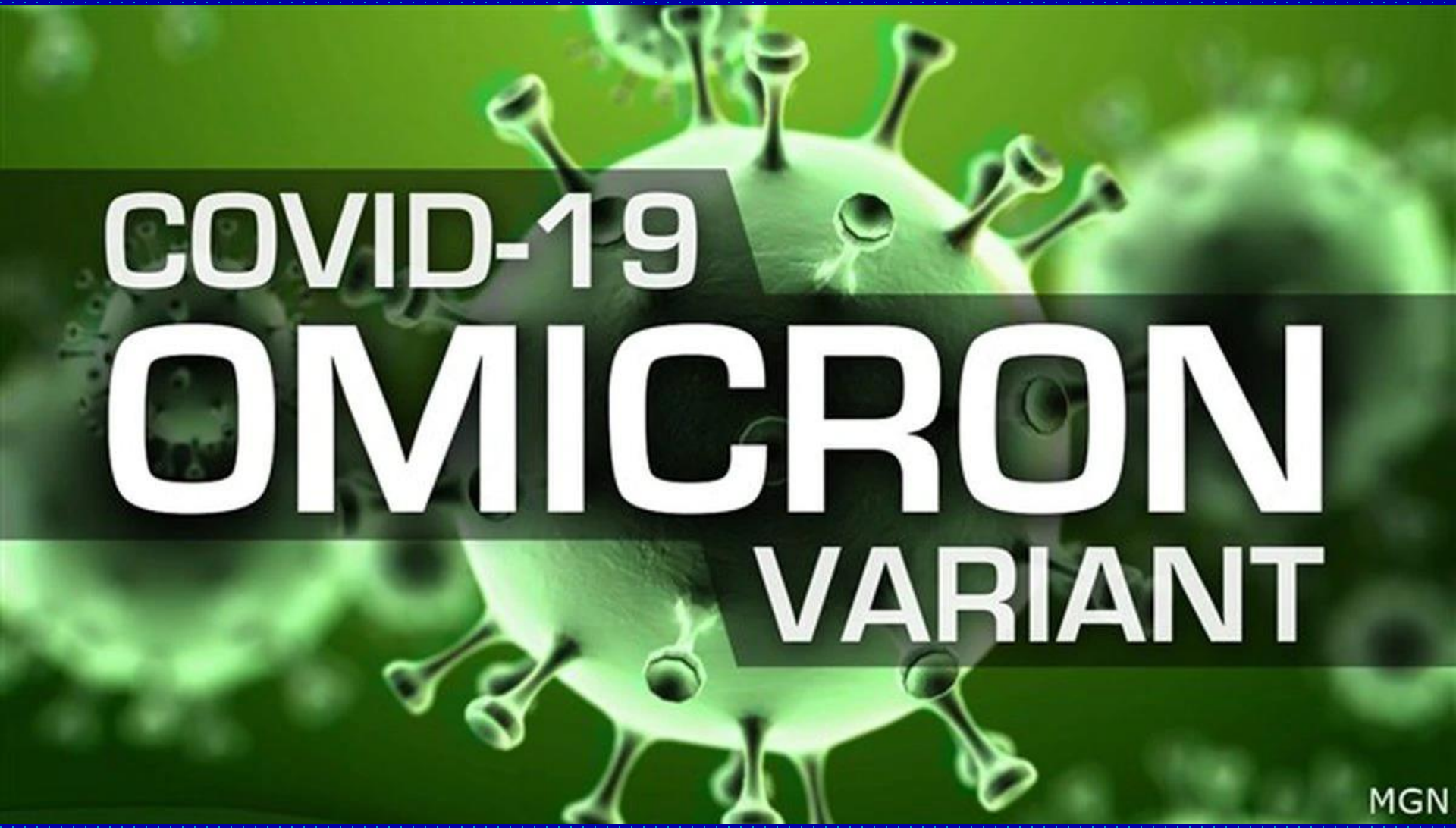
- This AFL revision updates and consolidates California Department of Public Health's (CDPH's) visitation guidance into single set of recommendations for all facilities in all counties, considering California is moving Beyond the Blueprint for a Safer Economy framework effective June 15, 2021.
- This AFL also provides updated visitation guidance based upon CDC's updated healthcare infection prevention and control recommendations in response to COVID-19 vaccination for non-long-term care facilities (e.g., General Acute Care Hospitals, Acute Psychiatric Hospitals).
- Long-term care (LTC) facilities should continue to refer to AFL 20-22.6 for updated LTC visitation guidance.

On April 27, 2021, CDC released updated healthcare infection prevention and control recommendations in response to COVID-19 vaccination. Given the progress of vaccination and declining COVID-19 incidence in California, CDPH is revising the visitation in non-long-term care facilities (e.g., General Acute Care Hospitals, Acute Psychiatric Hospitals) to further expand opportunities for visitation to support mental health, well-being and recovery of patients. Additionally, CDPH is consolidating this guidance into single set of recommendations for all non-long-term care facilities in all counties, considering California is moving Beyond the Blueprint for a Safer Economy. Facilities should begin preparations to modify their processes to accommodate the visitation changes that will be effective June 22, 2021. Nonetheless, CDPH continues to recommend a cautious and gradual lifting of restrictions while remaining vigilant for breakthrough infections and transmission in facilities through ongoing surveillance and testing.

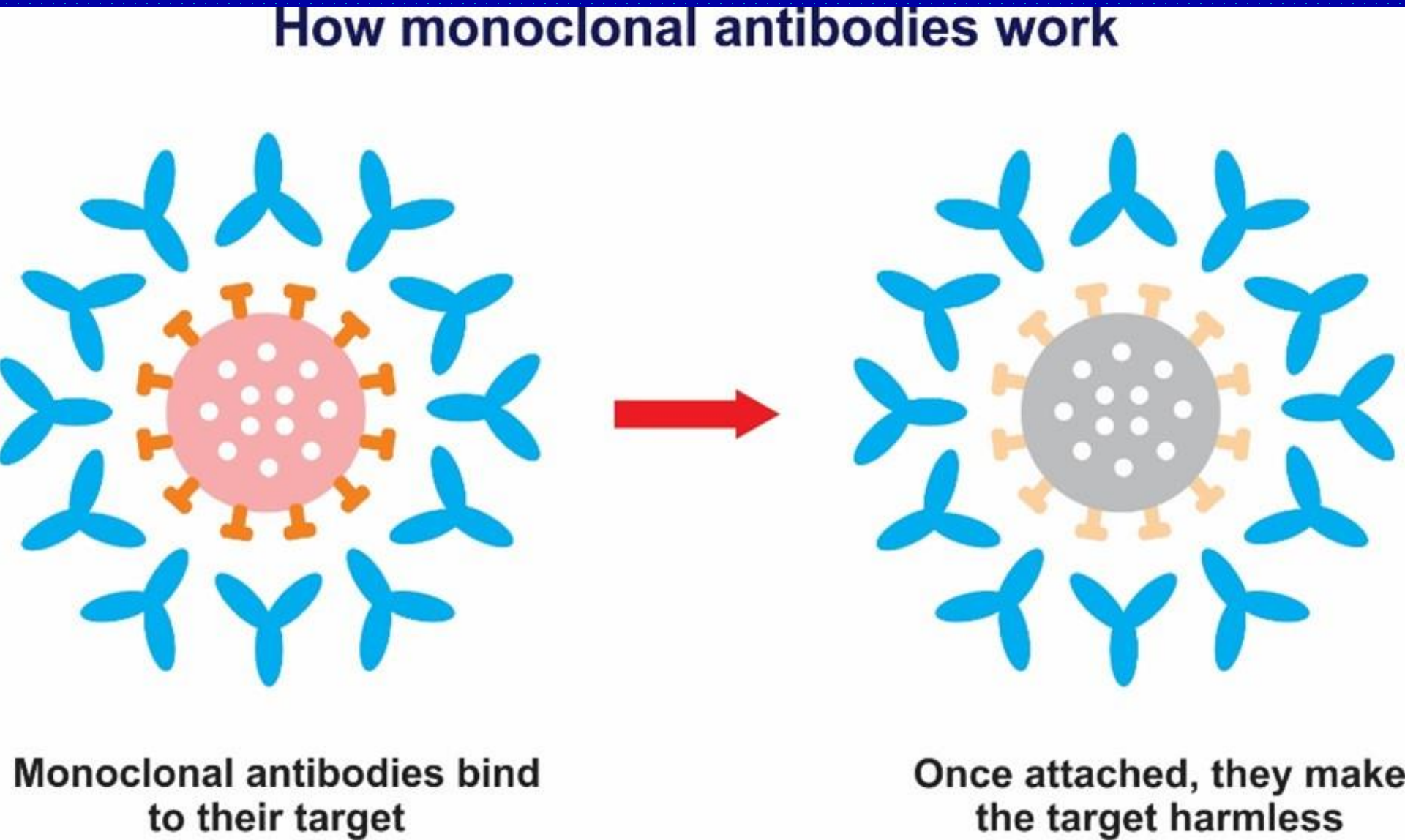
For purposes of this AFL, the terms "visitor" and "support person" are used interchangeably, as are "patient" and "resident."

The following recommendations will be effective June 22, 2021. Until then, hospitals may follow the recommendations in AFL 20-38.6.

CDPH recommends that hospitals in all counties allow all patients to have up to two visitors from the same household at the same time, provided physical distancing can be accomplished and visitors comply with hospital visitor guidelines.


COVID-19
OMICRON
VARIANT
MGN

Impact of Monoclonal Antibodies and COVID-19 Recovery



Oral Antivirals Against COVID-19

PAXLOVID AND MOLNUPIRAVIR

Temporary Permission for Program Flexibility and for Emergencies

When the Medical Health Coordination Center (MHCC) is activated, Providers and District Offices (DOs) will submit requests to CHCQDutyOfficer@cdph.ca.gov

This form is to be used ONLY for program flexibility requests when providers temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Providers are required to submit a program flexibility request to the California Department of Public Health (CDPH), Center for Health Care Quality for approval. This form is a mechanism to expedite the request directly to the Medical Health Coordination Center (MHCC) for approval in emergency situations.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx

Facility Name: College Medical Center	Date of Request: 12/10/2020
License Number: 930000117	Facility Phone: 562-997-2000 / Facility Fax Number: 562-997-2151
Facility Address: 2776 Pacific Ave.	E-Mail Address: aquintero@collegemedicalcenter.com
City: Long Beach / State: CA / Zip Code: 90806	Contact Person's Name: Anthony Quintero

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Tent use (High patient volume)
- [ ] Space Conversion (other than tent use)
- [ ] Other
- [ ] Bed Use
- [ ] Over bedding

Duration of Request

Start Date: 12/10/2020

End Date: 3/31/2021

Program Flex Request

What regulation are you requesting program flexibility for? 70217 (a)(1)(8)(10)(11)(13)Nursing Ser

Justification for the Request

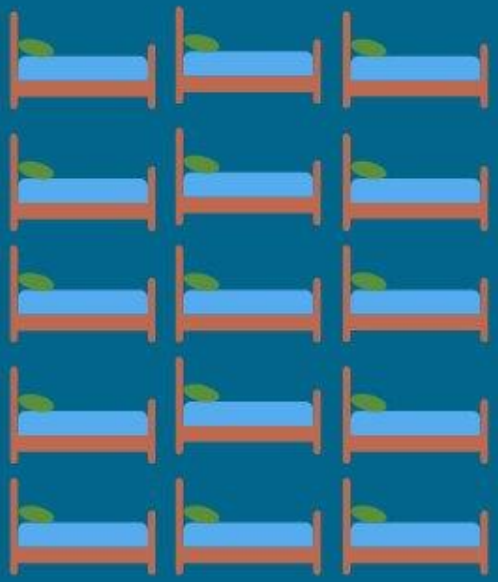
- [x] A disease outbreak (verifiable through sources such as the local emergency medical service agency (LEMSA), local Public Health Officer, CDPH Division of Communicable Disease Contro , the Centers for Disease Control and Prevention) s present in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: Increased cases of seasonal influenza, onset of a severe acute respiratory syndrome-type or other highly contagious virus requiring acute care, an epidemic/pandemic, a bioterrorism agent, or a declared public health emergency.
- [ ] An emergency resulting in the need for increased patient accommodations has occurred in the

Project Roomkey

Hotel/Motel Crisis Housing

Safe shelter for unhoused people at **high-risk** for severe symptoms if they contract the virus.
This includes those who are **over 65** or have **underlying health condition** such as respiratory conditions, compromised immunity, and chronic disease.

1,069 beds
April 10



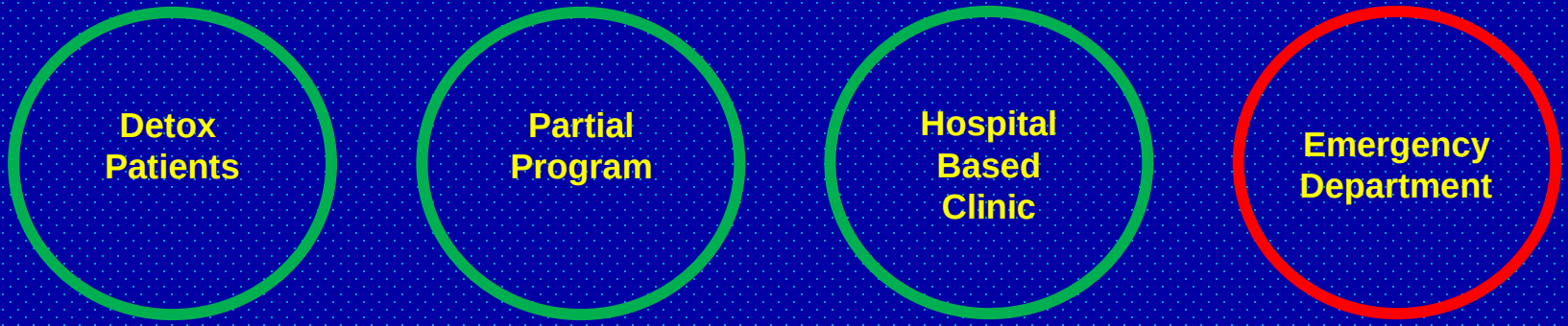
15,000 bed
Goal

LAHSA

LAHSA.ORG

The Transition to Telehealth

A Seismic Shift to Telehealth Across Our Services



You Raise Me Up!

Contact Information for Speaking Engagement Opportunities

Joe Avelino

Chief Executive Officer

College Medical Center

Phone Number: (530) 635-5426

E-Mail Address:
javelino@collegemedicalcenter.com


Even in the midst of life's many storms, we have the capacity
to stand in the center of our own peace.
my own path