

Covid-19 has Changed Talent Acquisition

Healthcare Organizations everywhere have had to adapt quickly and embrace flexibility due to COVID-19. One area largely affected is talent acquisition and recruitment. AMS has recently assisted large hospital systems in New Jersey and Massachusetts with their recruitment strategies to ensure the efficiencies gained and efforts made to address the impact of COVID-19 remain in place long after the pandemic:

- 1. Refocus Marketing Strategies.** High unemployment rates and mandates to social distance have left a large pool of talent seeking work AND utilizing media and the internet more than ever. Consider advertising your organization on social media, television, Pandora, etc.
- 2. Assess Remote Potential.** This widens the pool of potential candidates who, due to adapting during COVID-19, prefer to now work at home. Further, there is financial benefit to the organization as overhead expenses can be reduced in certain departments that can function effectively by being fully virtual. (Hint: Talent Acquisition is one such department.)
- 3. Perform Virtual Interviews, On-Boarding, and Training.** With Zoom/Microsoft Teams etc. being the new normal for “in-person” meetings, recruiters should continue to optimize this technology to funnel out top candidates.



Telehealth - The Rules Are Changing

Telehealth visits billed to Medicare are paid at the same Medicare Fee-for-Service (FFS) rate as an in-person visit during the COVID-19 public health emergency (PHE). There are currently 251 services on Medicare’s list of covered telehealth services, 139 of which are considered temporary due to the PHE. Temporary services will remain on the list through the calendar year in which the PHE ends. Changes to the list of Medicare telehealth services are made using the annual physician fee schedule which was published on December 2, 2020. Medicare is temporarily waiving the audio-video requirement for many telehealth services during the PHE. The table below highlights a few tips you need to know when billing for Telehealth Services during the PHE:

- **Place of service code (POS)** The POS should be the same as it would have been had the service been in person.
- **Modifiers** Use modifier 95 for telehealth visits. The CR modifier is not required when billing for telehealth services.
- **Hospital billing for remote visits** Use HCPCS code Q3014 for the originating site facility fee, when a hospital provides telehealth services to a patient registered as outpatient at a hospital. During the PHE, visits can occur in any provider-based department, including the hospital, or the patient’s home.
- **Telephone visits and audio-only telehealth** Increased payments for CPT codes 99441 (5-10 minutes), 99442 (11-20 minutes), and 99443 (20-30 minutes) provided by phone for the duration of the PHE. This is retroactive to March 1, 2020.
- **Social workers, psychologists, physical & occupational therapists, and speech-language pathologists** Use HCPCS codes G2010 and G2012 for online assessment and management services, virtual check-ins and remote evaluation services.

AMS Stats & Facts: Urgent Care Centers (UCC)

- **Patients Per Day:** Average UCC sees approximately 48 – 65 patients per day
- **Clinical Support Staffing:** Each should manage 4 patients/hour and have a 4-room assignment
- **Lowest Volume Days:** Tuesday, Wednesday and Thursday
- **Most Common UCC patient Age Group:** 18 – 44 years old
- **UCC Location:** 58% of UCCs are in zip codes where residents earn above the Median income
- **Hours of Operation:** 12 hours/day @ 7 days/week are the most common

References: AMS database and Urgent Care Association 2019 Benchmarking Report

AMS is a trusted resource in chargemaster review and can help navigate the changing rules to ensure your organization is always capturing charges and billing correctly.