

Healthcare Banking Bulletin

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Transitions for the End of the Public Health Emergency

A lot has changed in the last three years, so it makes sense that the Covid “emergency” is coming to an end. When it will end is something we still will not know until we know, but all indications point to the end of the Public Health Emergency (PHE) sometime this spring.

So, what does that mean for you and your team?

Transition time! It's time to prepare your staff for the Post-PHE world. To prepare, let's focus on the categories that matter most to our team, our patients, compliance, and finance.

Our Team

Chances are you've had some staffing changes occur at some point in the last three years. Any employee who started during or after the pandemic does not know your workflows, processes, or norm from before their hire date. This means you have to be mindful of how you communicate changing processes. used to do this” or



“the old way”. Shy away from saying things like “we’re going back to the way we used to do this” or “the old way”. Staff are busy and an employee who’s been there for a couple of years won’t think they need to inquire about policy changes so make sure to communicate changes.

Our Patients

Certain services will have to change post-pandemic. Whether you continue to provide telehealth services, shut down temporary locations, or just get rid of masking in the lobby, you will have information that you want to communicate to your patients. If you didn’t create an external communication strategy during the PHE, now is a great time to create one. Look at the capabilities for your patient portal to communicate, review your social media accounts or hold waiting recording options on your phone lines.

**AUTHORED BY:****Taya Gordon, EMBA, CMPE, CMOM**LinkedIn: <https://www.linkedin.com/in/tayamoheiser/>Twitter: <https://twitter.com/tayamoheiser>

Having a process outlined early on will help you take one thing off of your plate.

Compliance

During the PHE waivers and ad hoc legislation created a ton of flexibilities for provider licensing, revalidations, sites of service, and telehealth service provisions. Anything that hasn't been finalized in a ruling is going to expire. For example:

- Most cost-sharing waivers for covid testing/vaccines will expire
- Telehealth reimbursement parity is going to expire
- Providing telehealth services to patients in their home is going to expire (with the exception of certain mental health or opioid use services)

Every change, or unwinding, that we see occurring will have an expiration date tied to the end of the PHE. Some flexibilities will expire when the PHE does, others shortly thereafter, others expire at the end of the year in which the PHE ends. So for each activity, you will need to identify when your change must occur.

Financial

With changing flexibilities, place of service changes, and reimbursement parity changes we are also looking at financial implications. If you are in a specialty that will continue to offer telehealth services post-PHE, you will still need to review the profitability of doing so when the reimbursement rates change.

Review the CMS 1135 Blanket Waiver and assess for which 'temporary allowances' have become standard practice in your facility. For each, identify:

1. What your plan of action will be post-PHE
2. How you will communicate your plan internally and externally
3. How you will verify compliance with state regulations, federal law, and payer guidelines
4. How you will assess and prepare for the financial impact of these changes

For more information, navigate to the following resources or reach out to us. We're here to help.

Resources

- 1135 Blanket Waiver <https://www.cms.gov/coronavirus-waivers>
- CMS Roadmap to the end of the PHE <https://www.cms.gov/blog/creating-roadmap-end-covid-19-public-health-emergency>

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CONCIERGEDESK@COREBANK.COM | 402 898 3397 | COREBANK.COM

MEMBER FDIC



AUTHORED BY:

Taya Gordon, EMBA, CMPE, CMOM

LinkedIn: <https://www.linkedin.com/in/tayamoheiser/>

Twitter: <https://twitter.com/tayamoheiser>

