

## **Post Crisis And Future Emergency Preparedness Policies and Audit Tool**

### **White papers available:**

Compliant eSignature methods

De-identifying PHI

Breach notification

Microsoft outlook

Releasing patient information

Sale of a practice and records transfer

Non-compete agreement

Security breach notification

Top ten ways to be compliant for ChiroTouch

Legal charges for medical records per OCR

What records can I release without authorization

CARES Act portal attestation portal link & 10 page attestation document

CDC cover cough

CDC Disinfection Guidelines

Protect yourself from scams

HIPAA Requirements during national emergencies

World Federation of Chiropractic statements regarding practice during COVID

SBA Disaster loan guide

PPP Guide

TCA Telehealth document

Chiropractic essential service poster

AMA work from home guidelines

CMS Opening America Again

OSHA Covid-19

### **Special documentation needs:**

**NOTE: these audit samples are NOT LEGAL ADVICE.**

**There are MANY other terms, conditions, guidelines etc. that are not addressed by an audit statement. The audit statements are a sample and give a level of documentation. It is up to you to know the rules and laws and ALTER or add to these documents in ways you feel are needed to document your personal efforts and attempts to meet requirements and/or suggestions issued by authoritative sources.**

# Audit Tool / Crisis Management Policies (Evaluation Form)

Date \_\_\_\_\_ Clinic Name \_\_\_\_\_

## Who participated in this audit

(ex. Was senior management involved in the audit process?)

NAME \_\_\_\_\_

Next Audit Date \_\_\_\_\_

During times of crisis and emergencies we must take every measure possible to ensure the safety of our team members and patients.

It is required that each staff member attest to having read and agree to follow all HIPAA and other office policies, including these emergency procedures, at all times.

I attest I have read all office policies, as well as disciplinary policies, and agree to abide by them

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Patients are to be:

- Asked about symptoms before scheduling an appointment. By text or phone, during reminder calls or when scheduling appointments.
- Patients are to be surveyed in writing / informed of the pre-visit survey that is posted at the front door, available when they check in and/or provided ahead of their visit.
- Separated by social distancing with no more than 10 people in an area of the office.
- Asked to wait in cars if needed and/or interviewed in the parking lot at a distance of 6 or more feet.
- Rescheduled if their appointment is not critical to their health/function etc.
- Informed regarding steps being taken by the office relative to sanitation by a posting on the front door.

Restrictions regarding seeing wellness/maintenance patients were lifted on

REASON \_\_\_\_\_ DATE \_\_\_\_\_

## Sanitization Guidelines

Our staff has been trained that the CDC provides guidance and guidelines for different industries and that many of the guidelines required for health care facilities are coming from the CDC

\_\_YES\_\_NO

**Our office is performing the following:**

**DATE:**

**Start/Stop**

\_\_\_/\_\_\_ staff are washing hands after every patient contact

\_\_\_/\_\_\_ patients are being given a COVID-19 questionnaire upon entering the facility regarding symptoms, travel and contact with others.

\_\_\_/\_\_\_ staff are wearing protective equipment - masks and gloves

\_\_\_/\_\_\_ patients are wearing protective equipment

\_\_\_/\_\_\_ tables and equipment are being sanitized after every use

\_\_\_/\_\_\_ patient temperature is being taken prior to treatment

\_\_\_/\_\_\_ pulse oximetry is performed on patients prior to treatment

- /  furniture and equipment are separated by 6 feet
- /  high touch items have been removed from the reception area
- /  pens etc. are labeled for used and unused
- /  in areas where people are likely to congregate the use of colored tape or other means are employed to keep distancing at 6 feet or more.
- /  high risk patients are being given preferential treatment scheduling at slower times
- /  symptomatic or suspicious patients are asked to leave immediately and provided with a referral to a proper diagnostic facility.

**Office Personnel Screening**

Office personnel are being screened in the following manner:

DATE:

Start/Stop

- /  temperature taken daily upon arrival - and logged
- /  screening for symptoms
- /  laboratory testing
- /  any staff suspected of infection are sent home until confirmed by laboratory testing
- /  any staff with virus will be quarantined for a minimum of 14 days and required to follow all requirements of local health officials.
- /  upon return to work the individual will be required to follow the most stringent of these guidelines even if they have been relaxed for others on staff

**Telehealth**

Our HIPAA policies relative to tele-commuting, working from a distance and tele-health are all current and being followed.

\_YES\_\_NO

We are securing consent from all patients for whom we perform tele-health services.

\_YES\_\_NO

We have reviewed and are using proper billing codes and documentation procedures that consist of the following:

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**HIPAA**

Our present HIPAA program has built in reviews, self-audits and evaluations that are performed on an annual or more frequent basis to meet the standards required by federal law and can be found within our HIPAA manual.

\_YES\_\_NO

**CMS Phase 1 of Re-Opening Health Care**

We know what phase of re-open or total re-opening, we are in per CMS

\_YES\_\_NO

If there is a re-closing of the economy we are prepared to go through the re-opening phases again if needed.

**\_\_YES\_\_NO**

**PHASE 1 Re-Opening:**

We have read and implemented the three pages of guideline information released on 4/19/2020 by CMS.

**\_\_YES\_\_NO**

**Key points we are focused upon include:**

We are following local health authorities guidance if it is in conflict with CMS guidelines.

**\_\_YES\_\_NO**

We have adequate PPE, enough healthy employees, supplies, testing capacity (if required to test) to see patients.

**\_\_YES\_\_NO**

Both workers and patients are wearing face masks.

**\_\_YES\_\_NO**

If a patient arrives without a face mask they will be offered one or asked to reschedule their visit.

**\_\_YES\_\_NO**

**Our decision to remove masks in the office as of \_\_\_\_\_ is based on the following**

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Staff are being routinely screened for COVID-19.

**\_\_YES\_\_NO**

We are facilitating social distancing of at least 6 feet.

**\_\_YES\_\_NO**

We have a formalized plan for cleaning and disinfecting that includes hand sanitization by soap and water scrubbing for at least 20 seconds and the use of approved hand sanitizer between patients and immediately after removing gloves.

**\_\_YES\_\_NO**

We are forbidding or greatly reducing visitors from accompanying patients. Those who do arrive at the office are logged for the ability to inform health officials in regard to contact tracing.

**\_\_YES\_\_NO**

Patients are being screened for symptoms of COVID by asking the following questions:

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**\_\_YES\_\_NO**

Patients are being tested for COVID-19 if demanded in the most recent guidelines.

\_\_YES\_\_NO

**Medicare Dollars Attestation For Money Kept or Sent Back**

Our office attested and sent the Medicare 'gift' back.

\_\_YES\_\_NO

**IF NO TO STATEMENT ABOVE** (in other words you kept gov. money from ROUND ONE, the first 30 billion dollars) **complete the following:**

Our office billed for Medicare services in 2019.

\_\_YES\_\_NO

We have treated COVID-19 confirmed or potential patients since the crisis began. (HHS defines all patient NOT CONFIRMED with COVID-19 as being potential)

\_\_YES\_\_NO

The money was used to replace COVID related losses.

\_\_YES\_\_NO

The money was NOT used for expenses covered by other stimulus funds.

\_\_YES\_\_NO

Above and beyond the above key points our office was able to attest to the details and remaining ten pages of terms and conditions.

\_\_YES\_\_NO

**SPECIFIC TO ROUND TWO (\$20 Bil section)**

We have decided to NOT apply for any of the round two monies.

\_\_YES\_\_NO

**If you are accepting/applying for round two money complete the following:**

We have supplied accurate 2018 net patient revenue through the general distribution portal for later verification by CMS (center for Medicare services) as required.

\_\_YES\_\_NO

The funds were utilized for approved expenses.

\_\_YES\_\_NO

**Those expenses consist of:**

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## **Scam Alert**

Staff has been trained to recognize phishing emails.

**\_\_YES\_\_NO**

Staff has been informed that agents investigating HIPAA violations come from OCR and not 'HIPAA', which is a law, not an agency. Anyone stating they are from HIPAA is likely an imposter.

**\_\_YES\_\_NO**

Staff has been trained that there are NO requirements to 'turn in' anything, to the government, regarding training, risk analysis or any other HIPAA requirement – unless there is an official investigation and anyone stating they are HIPAA agents from the federal government and are telling them such are likely imposters.

**\_\_YES\_\_NO**

## **Paycheck Protection Program (PPP) Application and Rules**

We applied for and received a Payroll Protection program loan/grant.

**\_\_YES\_\_NO**

**If 'yes' continue with statements below.**

Our PPP loan was based on historic payroll and was applied for in an amount that would equal two and one half times that monthly payroll.

**\_\_YES\_\_NO**

The funds were spent within eight weeks of receipt on one or more of the following, with at least 75% of historic payroll level being expended upon payroll over those eight weeks; with the rest spent on rent, utilities and/or business loan interest.

**\_\_YES\_\_NO**

No more than 25% of the total loan we spent on expenses other than payroll.

**\_\_YES\_\_NO**

No other stimulus money, from any other source was spent on the expenses listed above.

**\_\_YES\_\_NO**

The PPP money was applied for and utilized due to losses relative to expenses and/or losses relative to Covid-19 and to keep my employees in place.

**\_\_YES\_\_NO**

No SBA loan money was used to pay any of the above expenses.

**\_\_TRUE\_\_FALSE**

No Medicare emergency funds were utilized to pay any of the above expenses.

**\_\_TRUE\_\_FALSE**

If SBA emergency advance money was received it was NOT spent for any of the items above and it was declared as a LOAN and not a grant (free money).

TRUE  FALSE

We 'parked' or are presently 'parking' \$ \_\_\_\_\_ of the PPP money until such time that we verify with our banker the amount of our loan that will be forgiven.

### **OSHA Guidelines**

Staff have been trained relative to the OSHA alert titled: "Prevent worker exposure to Coronavirus"

YES  NO

The office is aware of and periodically checks the website [osha.gov/covid-19](https://www.osha.gov/covid-19).

YES  NO

Our office has implemented the special guidelines to protect workers.

YES  NO

### **SBA Loans**

Our office realizes that the SBA loan, the PPP loan and the Medicare emergency money are three separate stimulus programs and they effect each other mainly in that one may effect whether another is a 'gift' or turns into a loan that has to be repaid and/or having more than one can determine what expenses can be paid by the particular monetary stimulus and in some cases restricts how funds can be used.

YES  NO

Our office has applied for or received an SBA emergency loan.

YES  NO

**If the above answer is 'yes' complete the statements below:**

We received emergency money relative to a maximum \$10k issued at a rate of \$1k per employee.

YES  NO

We have a PPP loan and realize, therefore, the SBA emergency component is NOT a grant and is in fact a loan.

YES  NO

We have or will receive the remainder of an SBA loan, beyond the emergency loan component.

YES  NO

We have or will receive an SBA loan and will take out an entire loan (in addition to the emergency money) and DO NOT have a PPP loan and therefore, realize the emergency component is a grant (not to be repaid) but the remainder is a loan that has to be repaid.

YES  NO

## **Protecting Computers During A Crisis**

We are aware of the document; AMA guide to protect computers.

**\_\_YES\_\_NO**

Our staff has been trained that during a crisis computer thefts and attacks occur in increased numbers and in additional ways above and beyond phishing attacks etc.

**\_\_YES\_\_NO**

OUR HIPAA POLICIES are in place and up to date to protect our computers.

**\_\_YES\_\_NO**

## **Sample:**

### **COVID-19 Pre-Visit Screening Survey**

As essential healthcare workers, (INSERT NAME) we have been able to continue to serve our community with URGENT AND/OR EMERGENCY chiropractic care. As such, we must do everything possible to mitigate risk to our staff and other members of the community, so it is vitally important you complete this form prior to each visit.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Have you been exposed to COVID-19 or do you believe that you have? Yes No

Please check any of the following symptoms you (or other members of your family, that also have an appointment) are currently experiencing:

- Shortness of breath  Productive Cough  Non-Productive Cough
- Bronchitis  Respiratory infection  Sore throat  Fever  Nausea  Vomiting
- Diarrhea  Severe fatigue  None of the above

Other: \_\_\_\_\_

Have you traveled to or from a high-risk geographic area in the past 14 days?  Yes  No

If you are visiting **NAME:** \_\_\_\_\_ with other family members, please list their names and which symptoms listed above (if any) they are currently experiencing:

By signing here, you are attesting that everything you stated above is truthful and accurate to the best of your knowledge.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **Sample Entrance Signage:**

**If you have been exposed to COVID-19 or believe that you may have been exposed...**

**If you have been in contact with someone who tested positive for COVID-19...**

**If you have traveled to a high-risk area...**

**If you have the symptoms of cough, fever and/or shortness of breath...**

**Please do not walk into the office.**

**Please call *PHONE:* \_\_\_\_\_**

**from your mobile phone so we can discuss details.**