



The EHSF would like to remind EMS agencies the Department of Health is the lead regarding information about the Coronavirus. The EHSF will continue to disseminate information provided by the Bureau of EMS for EMS agencies as quickly as possible. Information and guidance are changing rapidly.

Regional Status

As of the time this document was written (Friday, 03/20/2020 at 2030 hours), there are 268 confirmed cases of COVID-19 throughout Pennsylvania. Please know the number of cases can change frequently.

County	Confirmed Cases
Adams	4
Cumberland	11
Dauphin	0
Franklin	1
Lancaster	2
Lebanon	1
Perry	0
York	6
EHSF Total	25
Pennsylvania Total	268

You can monitor the coronavirus in Pennsylvania at this link:

<https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>

Updates from the Governor's Office/Department of Health:

Continue practicing social distancing.

Non-essential businesses are closed.

Updated guidance for discontinuation of home isolation for persons with COVID-19 including healthcare personnel. The new guidance is attached in this e-mail and can be found on the EHSF website.

Updates from the Bureau of EMS

Here is the link to a listing of EMS Information Bulletins (EMSIBs): <https://www.ehsf.org/ems-information-bulletins/>.

- **Previous EMSIBs**

- EMSIB 2020-01 Novel coronavirus 2019-nCoV
- EMSIB 2020-02 Infection Control
- EMSIB 2020-06 Protocol and Policy Updates Related to COVID-19

Psychomotor Exam Waiver

The Bureau of EMS released a correspondence to Regional Councils today providing an alternate pathway for psychomotor testing. If and EMS candidate/student successfully completed the certification



class and the respective cognitive (computerized) exam, then the psychomotor (hands-on) exam will be waived, and the candidate will receive their EMS certification. This pathway is available for EMR, EMT, AEMT, and paramedic students. The Bureau of EMS will be making the necessary data changes in the EMS Registry to credit the EMS candidates pending only the completion of the psychomotor exam.

At this time, there is no guidance on waiving the cognition exam.

EHSF Physician Guidance

The EHSF will be meeting with the Medical Command Facility Directors and physicians on the EHSF Medical Advisory Committee on Monday, March 23, 2020, on a variety of topics.

Alternate Destinations

The meeting will discuss steps to begin discussion for the possibility of transporting patients to alternate destinations. The EHSF understands a variety of partners need to be included to determine the workflow and to gain interest in alternate facilities to accept patients from EMS.

No Transport

The meeting will discuss not transporting patients with influenza-like illnesses, which will include the development of standardized instructions for home care to leave with the patient. We will share this information with you as developed and approved.

Mitigation of Provider Exposure

The meeting will also discuss guidance for EMS providers to reduce the risk of exposure, which could provide modifications to current clinical and operational practices. The EHSF is attempting to identify current practices which could be modified to still provide adequate patient care but increase provider safety.

Dispatching

The EHSF is working with the eight-county PSAPs (9-1-1 Centers).

First, today the EHSF provided stronger guidance to the PSAPs to reduce QRS dispatches based on the guidance provided yesterday. After additional meetings today and continuing to evaluate the current situation, it is in the best interest of the providers and community to reduce extra personnel. The following was providing to the PSAPs:

Yesterday the EHSF provided guidance to consider reducing the dispatch of QRS units. At this time, the EHSF is asking each county PSAP to now reduce QRS dispatches to four types of EMS incidents:

1. Cardiac arrest
2. Respiratory distress/ineffective breathing
3. Choking
4. Dangerous hemorrhage



As the pandemic continues to evolve, the use of QRS units to provide life-saving intervention within their local community will be vital. We anticipate as EMS call volume increases and EMS personnel or units may decrease, the need for mutual aid will result in longer response times. By maintaining the use of QRS to the above criteria, then patients with critical acuities will receive prompter care. Additionally, the reduction of QRS dispatches to noncritical patients will assist with eliminating unnecessary risk of exposure to COVID-19.

The EHSF will be providing similar recommendations to law enforcement through the South Central PA Taskforce.

The second change involves screening of callers. The 9-1-1 centers will continue to screen at-risk chief complaints for suspected coronavirus and will relay that information to EMS providers. At this time the question related to past travel will be eliminated since we are now experiencing a community spread. The 9-1-1 Center will also advise the caller to inform EMS upon arrival if they have the virus.

Billing Question

We proposed the following question to Cornerstone Adminisystems for guidance and received a response. We are appreciative to our partners, like Cornerstone, for their guidance.

Question: EMS agencies are asking about billing without meeting minimum staffing. For example, if a BLS ambulance from one agency rendezvous with an ALS squad from another agency to make crew can they each bill? The BLS ambulance would have one EMT who would drive while the ALS squad would have the paramedic providing patient care in the back alone.

Answer: Unfortunately, that scenario would not meet reimbursement eligibility criteria from Medicare's perspective. However, in regard to if the *medic* could submit a *standalone PI claim* to a *commercial carrier*, we don't believe any guidance forbids it.

Let me provide some detail here as to why Medicare wouldn't recognize this scenario as compensable:

In regard to an ALS rendezvous, while 28 Pa. Code § 1027.33 (c) (1) and (2) authorizes the BLS ambulance to transport a patient with a paramedic providing ALS care when both a BLS ambulance and ALS squad vehicle are dispatched and there is a rendezvous, *this provision still requires the BLS entity to satisfy the BLS staffing requirements first*. So, if that doesn't happen, a claim should not be submitted to Medicare - either at the BLS level, or at the ALS level as a joint bill.

However, if the payer is commercial (not an HMO or MCO), we are not aware of any restriction on the *medic* from submitting a standalone paramedic intercept claim. To our knowledge, the *medic's* ability to bill its own PI claim to a commercial payer is not contingent on the BLS meeting crew. Of course, since there is no way of knowing what coverage a patient will have,



it's a crap shoot as to whether or not the medic could get paid. And, unfortunately, the BLS would still be out of luck regardless because it never met crew.

Now, in a somewhat related matter:

Some agencies enter into leasing agreements, whereby a crew member from one agency responds in the capacity of a crew member from another agency. This can happen at the BLS or ALS level.

For a BLS call, we typically see a BLS agency unable to send two providers. So, it sends one provider, and a provider from another agency responds in kind. For the purpose of that call, they're running for the same agency, and crew is met.

For an ALS call, there's another layer. The responding agency would need to be licensed as a transporting agency at the ALS level. So, you could have an EMT or medic respond from an ALS agency (that for some reason can't muster another provider), and rendezvous with an applicable provider from a separate agency. For the purpose of that call, they're running for the same agency, and crew is met.

I'm not sure if this latter example is applicable, since the issue you're being presented with doesn't include an ALS agency that can't muster two providers; rather, you have a BLS agency that can't muster two, yet who is trying to find a way to bill the claim under its own provider number.

These are extraordinary times and news changes daily. Hopefully, there will be an emergency order from the government which covers all of these circumstances – in this case its staffing, but elsewhere it's transporting patients to alternative (and therefore non-covered) destinations. States are relaxing protocols to meet operational needs, but unless the government steps up, Medicare still won't pay. As we learn more we'll share.

Here is an additional helpful resource:

https://www.linkedin.com/posts/maggiadamsemsfinancial_ambulancebilling-emsbilling-activity-6646607686236467200-NcTn

Hospital Policy/Guidance

The hospitals are changing their guidance to visitation policies and guidance for EMS. As we receive these resources from the hospitals, we are posting them to our website.

Special Populations Guidance

The plain community (i.e Amish) are seeking information regarding the coronavirus. They are learning about the pandemic and implementing social distancing through the cancellation of some events and



schools. There was a request for paper resources within their community. Lancaster General Hospital developed a fact sheet.

This fact sheet can be used for the general public as well. If you wish to share within your communities, the fact sheet can be found at:

https://www.ehsf.org/sites/default/files/node/resource/field_resource_attachments/2020-03/COVID-19%20Fact%20Sheet%20General%20Public.pdf

EHSF Activities to Date

- Conference Calls:
 - o Medical Command Facility Directors
 - o County Council Presidents
 - o SCTF
- Finalized Regional COOP Plan Revisions
 - o Prepares the region to request exceptions and make provisions if workforce or resources reach critical levels
 - o Sharing plan with necessary stakeholders
- Generated Best Practice Documents for the following:
 - o EMS Operations and General Information
 - o QRS Response Guidance
 - o Fire Services on EMS Incidents
- Developing a Weekly Reporting Tool to monitor staffing levels and PPE at EMS agencies
- Sent treatment consideration for ALS Protocol change to Bureau of EMS
 - o Currently under consideration
- Scheduled meeting with medical command facility directors regarding no transport and alternate destinations for transport
- Scheduled meeting with PSAPs

Communication Pathway

We encourage EMS agency leadership to communicate with the respective County Council President. We will be sharing information to them to share with the EMS agencies. We will also be communicating with them frequently to evaluate the status and needs of each county.

County	County Council President
Adams	Eric Zaney
Cumberland	Duane Nieves
Dauphin	Jason Campbell
Franklin	Doug Bitner
Lancaster	Darrell Fisher
Lebanon	Steve Mrozowski
Perry	Wes Smith
York	Mark Moody



**EMERGENCY HEALTH
SERVICES FEDERATION**
YOUR COMMUNITY. OUR COMMITMENT.

Helpful Information:

You can learn more about the coronavirus on the CDC's website at:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

You can reference documents shared by the EHSF at:

<https://www.ehsf.org/index.php/resource/coronavirus-update>