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Resources

- American Psychological Association
 - APA COVID-19 Information and Resources for psychologists, health care workers, and the public <https://www.apa.org/topics/covid-19>
 - Treating patients with long COVID
 - <https://www.apa.org/monitor/2021/07/treating-long-covid>
 - Stress continues to be a constant presence: we are still “in limbo between lives once lived and whatever the post-pandemic future holds.”
 - “Prolonged effects of stress and unhealthy behavior changes are common. Daily tasks and decision-making have become more difficult during the pandemic, particularly for younger adults and parents. As each day can bring a new set of decisions about safety, security, growth, travel, work, and other life requirements, people in the United States seem to be increasingly wracked with uncertainty.”
 - However, “U.S. adults retain a positive outlook. Most (70%) were confident that everything will work out after the coronavirus pandemic ends, and more than three-quarters (77%) said, all in all, they are faring well during the coronavirus pandemic.” – this doesn’t mean we aren’t struggling now, and Millennials (25-40 yo) report higher levels of stress than other generations.
- NIH: Definitions of COVID-19 Infection severity
 - <https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/>
- ICW Group –posters, FAQs, a toolkit for assessing risk of COVID spread, identifying org responsibilities & controls to put in place, implementation
 - <https://www.icwgroup.com/pc/coronavirus-covid-19-helpful-resources/>

Helpful FAQs on workers’ comp and Coronavirus

Workplace safety FAQs

These FAQs have been compiled by our risk management team to help keep your workplace safe.

- If my employee contracts Coronavirus at work is it OSHA recordable?
Per OSHA guidelines, if an employee contracts Coronavirus (COVID-19) through direct interoffice contact or in the course and scope of their work duties, the employer should document this as a “Recordable Illness” on their current year’s OSHA 300 log.
Please refer to the [OSHA Enforcement Memo](#) and the [OSHA COVID-19 website](#) for more information.
- Is our Respiratory Protection plan designed to help prevent our employees from getting COVID-19?
- Should we buy N95 filtered face pieces (masks) for everyone in our workplace?
- What can a healthcare organization do to lessen potential exposure by employees and patients?
- Can we protect ourselves from off-the-clock injuries when employees are working remotely?

- NCCI: National Council on Compensation Insurance
 - COVID Presumption Laws as of 11/2/21
 - https://www.ncci.com/Articles/Documents/II_Covid-19-Presumptions-2021.pdf
 - COVID-19 and WC: Modeling Potential Impacts
 - <https://www.ncci.com/Articles/Documents/Insights-COVID-19-WorkersComp-Modeling-Potential-Impacts.pdf>

NCCI RESEARCH BRIEF

For moderate cases:

- Assume a three-day hospital stay to approximate inpatient costs
- Use the average outpatient emergency room visit cost from the MDC for Service Year 2018, trended to 2020, as a proxy for the nonfacility and outpatient medical costs

For severe cases:

- Assume a seven-day hospital stay to approximate inpatient costs
- Use a multiplicative factor (1.45) to determine total severity from inpatient costs

The 1.45 factor was based on the percentage of inpatient costs-to-total costs for the hospitalized respiratory distress claims previously identified. The derived alternative set of severity estimates for moderate and severe claims is shown in Table 8.

Table 8: Alternative MDC Medical Severity Estimate by Case

Case	Level of Medical Care	Estimated Average Medical Benefit Cost
Moderate	3-day hospital stay with no ICU or ventilation	\$19,000
Severe	7-day hospital stay with ICU or ventilation	\$59,000
Moderate – Severe ²⁷	Hospital stay for respiratory distress	\$25,000

It is important to note that actual COVID-19 medical reimbursements may vary from historical average payments for similar services due to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which has multiple provisions that differ from the standard Medicare reimbursement rules. In particular, the CARES Act, if applied to WC reimbursement rates, would be expected to increase payments for inpatient facility costs related to COVID-19 by 20%. For this reason, we increased the moderate-to-severe severity estimates by 14% (shown below) based on the share of inpatient costs. Additionally, the severity estimates may vary to the extent that COVID-19 claims result in a different intensity or mix of services, compared with those assumed in these estimates, due to factors such as age, gender, or experimental therapies.

To further validate the reasonableness of the above estimates, we also reviewed those used by FAIR Health,¹¹ which estimated that the average allowed reimbursement amount for commercially-insured patients requiring an inpatient stay was between \$21,936 and \$38,775. **For purposes of scenario testing, we used the MDC estimates (Table 7) and multiplied the moderate-to-severe cases by 1.14, recognizing the CARES Act (mild severity of \$1,000, moderate-to-severe severity of \$29,000).**

- Dealing with Workers' Comp & Behavioral Health post-pandemic
 - Finding providers with available time to accept new clients and workers' comp is likely to become even more difficult
 - Advocate for use of telehealth: improved attendance, greater flexibility, less stigma, less impact on work schedule, belief your goal is to help ease access
 - Seek providers with backgrounds working in hospitals, primary care, rehab settings, or note training in behavioral medicine
 - Providers are burned out too – be patient yet persistent