Medical Society of Delaware

LEADING THE WAY TO A HEALTHY DELAWARE

Resuming Your Medical Practice

As the State Reopens the Economy

Guidance on Best Practices to Safely Resume Medical Practice Operations and Patient Visits

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Steps to Take Prior to Reopening a Practice:

1. **Consult Orders from the Governor and Division of Public Health**

   When and to what extent a practice can reopen or resume operations for patient visits will depend on local orders and conditions. MSD recommends that all physicians follow Orders from Governor Carney and the Division of Public Health.

   Click here for more information on Governor Carney's Emergency Orders.

   Click here for Public Health guidance.

2. **Construct a Financial and Staffing Plan for Reopening**

   Practices that have shut down completely will need to plan for a gradual reopening. It is likely that patient volume will return slowly, and the office may not need to be fully staffed at all times. Practices should plan both their finances and staffing to account for this reality. See Financial Relief section for more detailed information.

3. **Develop Safety Protocols**

   Patients may be fearful about interacting with any health care system. By following CDC guidelines and Standard Precautions, a medical practice can be a very safe environment. See Safeguards ***for Practices and Facilities*** section. Communications with your patients will be key.

4. **Assess the Supply of Personal Protective Equipment (PPE)**

   The Centers for Disease Control and Prevention (CDC) has published guidelines for the use of PPE. Click here for CDC guidelines. Also reference CDC PPE Burn Rate Calculator.

   Physicians should assess their supply of PPE based on these guidelines. PPE supplies assistance is available.

   - Medical supply vendors are replenishing stock so check with your vendor first.
   - MSD has partnered with Dealmed, a group purchasing vendor to get the best discounted pricing. Contact Sonja Bagett at 302-766-2124 or sbaggett@dealmed.com
   - If you need PPE supplies that are on backorder, DPH can assist with supplementing your order.
     - See PPE Request Policy and
     - State Health Operations Center (SHOC) for ordering.

5. **Consider the Role Telehealth Will Play in Reopening**

   During the pandemic, many physicians have either implemented or expanded the use of telehealth to continue seeing patients. Practices who have not yet implemented telehealth may wish to consider how it can support safe patient care as you transition back to full-time patient care. Practices that have implemented telehealth can work on moving to a hybrid model, with patients seen both in office and virtually. For more information on implementing and using telehealth, visit the following resources:

   - AMA Quick Guide to Telemedicine in Practice
   - https://detelehealth.wixsite.com/detelehealth
   - MSD Telemedicine Support Guidelines for Medical Practices.

6. **Clearly Communicate with Patients about Practice Changes**

   As practices reopen or resume full-time operations, they should communicate with their patients clearly about their safety protocols. As described below, many of the changes a practice might make will require patients changing their usual routines. Informing them upfront will serve to alleviate their concerns and ensure that they are properly prepared.

7. **Medical Malpractice Liability Insurance**

   Contact your medical malpractice liability insurance carrier to discuss your current coverage and whether any additional coverage may be warranted. A representative from MSDIS (Medical Society of Delaware Insurance Services), a wholly owned insurance brokerage, can review your coverage and discuss options. Contact Sharon Ruth at 302-293-1576 or Sharon.ruth@usi.com.

Financial Considerations:

1. **Consider the Capital Needs of the Practice, and Available Funding Sources**

   As practices reopen, revenue and patient volume may increase slowly and unevenly. Physicians should carefully consider their capital needs for reopening, and all available funding sources, both private (bank loans) and public (such as SBA loans or government grant funds).

   For more information about financial resources that can support practices, please see the MSD CARES Act Guidance Sheet. Also see Financial Relief section.

2. **Address Accounts Payable**

   Organize your Accounts Payable and develop a plan to repay any vendors in which you deferred payment including rent, utilities, vendors, CMS advanced payment or any other Payer advanced payment or loans. Maintain open lines of communication with Payers and vendors on payments due that you may need to defer.

3. **Plan to Meet Existing Obligations**

   Practices should review contractual obligations from managed care payers, such as timely filing limits for claims and appeals, or submission of any encounter and/or quality data required. It is also a good idea to check employment agreements, vendors, and lease agreements. Reviewing these agreements and contracts for any clauses regarding termination, late payments, late fees, interest, etc. can save bigger headaches down the road. Maintain open lines of communication with Payers and vendors on reporting or other obligations that you may not meet.

4. **Develop a Monthly Budget**

   This will help moving forward as you begin to resume operations. Practices can identify what costs the most on a monthly basis and adjust as necessary.

5. **Talk to Vendors**

   If vendors know that the office is reopening, and will have revenue again, they may be willing to negotiate reduced rates, deferred payments, or other considerations. Practices should contact vendors and see what they are offering to help with startup of the medical practice.

6. **Tackle Accounts Receivables Slowly**

   As the office reopens, practices should continue or re-start collection activity and implement an internal process to follow up on outstanding claims. Office staff can pull financial reports (Insurance Aging, Patient Aging, Adjustment Report, ideally starting in the 60 day and older aging buckets). The goal should be to make sure every claim has been followed up on Patient Schedules for upcoming 1-2 weeks.

7. **Verify Patient Contact and Insurance Information**

   When patients return to the office, their life circumstances may have changed. Office staff should confirm patient contact information, including address and phone number. Patient insurance eligibility and benefits should be checked to determine if eligibility is effective, or if copay and deductible amounts have changed. If patients have an outstanding balance, practices can offer payment plans. **It is important to communicate with patients at the time of confirming appointments**.

8. **Analyze Revenue Streams**

   Billing staff should understand the Days Revenue Outstanding (DRO), which is the average number of days it takes to collect on the practices' accounts receivable. It is important to have an accurate understanding of revenue streams as payments may have been delayed, compared to part revenue trends, or incorrect due to Payer delays in implementing telehealth requirements or other related factors.

Staffing Considerations:

1. **Right Size Physician and Staff Work Force**

   As noted above, practice revenue and patient volume may come back slowly, in cycles and unevenly. To prepare for this, practices should consider staffing adjustments, which may include bringing staff and physicians back in different waves. Personnel can be placed on rotating teams or via telecommuting for certain positions if possible.

2. **Consider Options for Vulnerable Staff**

   Working in health care immediately puts health care workers at risk and at higher exposure. The risk is even higher for vulnerable staff – those over the age of 60 or with pre-existing conditions. Having internal policies for these workers can help all employees feel safe while working.

   Workers in vulnerable populations may be shifted to different roles that minimize their risk of exposure. This may include various duties, such as doing research, keeping staff updated on most recent news, ordering of supplies for the clinic, working from home, phone triage of patients, helping providers and managers make tough decisions, or talking to patients family members.

Safeguards for Practices and Facilities

As physician practices and health care facilities reopen, every precaution should be taken to minimize the risk of infection, for both office staff and patients. MSD recommends that all practices and facilities adopt comprehensive safeguards and protocols. Below is a list of best practices. Some of the recommendations below may not apply to certain practices, so physicians and office staff should adjust them for individual circumstances.

1. **Maintain Physical (Social) Distancing**

   Physician office space and workflow should be structured to encourage physical (social) distancing. Here are a few ideas for practices to consider:

   - Ask patients to check in by phone or text message and wait in the car until an exam room is ready.
   - Prohibit adults and older teens from having guests or visitors. Only parents of younger children should be in the office with the patient. Limit to one guest only if possible.
   - Schedule patients such that only a few are in the office at any one time. Practices can consider offering evening and weekend hours and leaving more time in between patients.
   - Put away articles such as magazines, toys, coffee, or anything else that may be handled by infected patients.
   - If possible, arrange office flow such that patients enter and leave through separate doors.
   - As able, modify check-out procedures to minimize/avoid any patient time in a central area or at the check-out desk.
   - Consider setting aside clinic hours for vulnerable patients, e.g. elderly, immunocompromised, etc.
   - Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.
   - Consider the strategies for patients who can be seen at home via telehealth from coming to your facility potentially exposing themselves or others to germs.

2. **Pre-Screen Patients for Possible COVID-19 Symptoms**

   At the time of scheduling, patients should be asked if they are experiencing common COVID-19 symptoms – dry cough, fever, etc. All patients, regardless of symptoms, should have their temperature checked as they enter the office. Patients displaying COVID-19 symptoms should be screened telephonically, and tested if possible, before coming to the office. Physicians should keep up-to-date on the recommendations for preventing spread of COVID-19 on the CDC website. General information on DPH Testing Guidelines can be found here.

3. **Require Universal Face Covering**

   Practices should require everyone who enters the practice – both patients and staff, to wear an appropriate face covering.

   - **Patients Instructions** - Patients who are not sick do not need N95 or surgical masks, which should be reserved for health care staff. Patients who are not sick should wear a cloth mask or face covering. Practices should be aware of the needs of very young children and those with respiratory diseases, who may have difficulties with reduced airflow through face coverings.

     Practice should communicate this requirement to all patients at the time of scheduling an office visit. Patient communications should also include education about the proper type of face covering and how it should be worn, to ensure proper coverage.

   - **Health Care Staff Instructions** – All health care staff should be required to wear appropriate face covering. Health care staff with direct patient contact much wear appropriate PPE. Proper training on Standard Precautions is a mandatory requirement as part of your annual OSHA Bloodborne Pathogens training. **We should treat all patients as though they are infectious and wear the proper PPE**.

     MSD offers annual OSHA training. Please contact Dwayne Downs at 302-494-4220 or Dwayne.downs@medsocdel.org for more information and to schedule your office training.

     Review Epidemiologic Risk Classification Table

     Review CDC Sequence for Putting on PPE

4. **Implement Strict Sterilization Procedures**

   Physician offices and health care facilities are already cleaned and sterilized more than most communal spaces. Lowering the risk of infection, however, will involve even more strict sterilization protocols. Staff should familiarize themselves with the CDC Guidelines for Cleaning and Disinfecting.

5. **Continue to Use Telehealth, as Appropriate**

   With the support of regulatory guidance and waivers, the health care system has made a massive shift to the use of telehealth. For all "no-touch" services, physicians should continue to engage in virtual care. This will have the effect of limiting the number of patients who appear in the office and preserving precious office time and space for patients who must be seen in person. Practices that are continuing to use telehealth find it helpful to schedule blocks of time (2-3 hours) exclusively for virtual care. Staying in one modality may be easier than moving back and forth. Find a list of MSD Preferred Telehealth Vendors at https://tinyurl.com/msdtelemedicine.

6. **Preservation of Personal Protective Equipment**

   All staff should be trained on the proper use of personal protective equipment (PPE). Practices should follow CDC guidelines for extended use and reuse of PPE at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/. Also reference CDC PPE Burn Rate Calculator.

7. **Establish a Quarantine Policy**

   Practices should have a policy for workers that have contracted COVID-19, or show symptoms that they may have contracted it, that they must quarantine for 14 days. For additional guidance, see CDC Health Care Risk Exposure Plan and DPH Guidelines for Management of Exposure.

Resources

MSD Resources

MSD is working to develop comprehensive resources to help physician practices through the COVD-19 Pandemic and beyond. These resources are updated daily, to reflect the most up-to-date information on this ever-changing situation. Practices can visit MSD Coronavirus Resources for the latest news and most up-to-date tools.

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Additional Resources

American Medical Association (AMA): https://www.ama-assn.org/

Centers for Disease Control (CDC): https://www.cdc.gov/coronavirus/2019-ncov/index.html

Delaware Division of Public Health: https://dhss.delaware.gov/dhss/dph/index.html

Governor's Office: https://governor.delaware.gov/

Medical Society of Delaware Insurance Services (MSDIS): https://www.usi.com/msdis/

Occupational Safety and Health Organization (OSHA): https://www.osha.gov/

World Health Organization (WHO): https://www.who.int/

Financial Relief

Direct Payments:

The federal economic relief package, signed into law on March 27, 2020, includes:

$175 billion in direct assistance to physicians, hospitals and other health care workers for unreimbursed expenses and lost revenues due to reductions in other services as a result of the COVID-19 outbreak. The U.S. Department of Health and Human Services (HHS) distributed the first $30 billion from this fund on April 10-17, 2020. HHS began releasing a second wave of $20 billon for physicians and hospitals and another $20 billion for hospitals in hot zones and rural areas starting on April 25, 2020. HHS also released $10 billion for treatment provided to uninsured COVID-19 diagnosed patients. See CARES Act Public Health and Emergency Fund

- **2% increase in Medicare physician payments** by temporarily lifting the Medicare sequestration cuts effective for dates of service from May 1-December 31, 2020. The conversion factor will be increased and a new fee schedule published before May 1.

- **20% enhanced Medicare inpatient payment** for services provided to patients with a COVID-19 diagnosis. Hospitals can also request to receive Medicare payments in an upfront lump sum.

- **$454 billion to the Treasury Secretary's Stabilization Fund and the Main Street Lending Program** to provide emergency relief to assist businesses, including physician practices impacted by the outbreak. This program will serve employers and physician groups with 500 to 10,000 employees. There are no details yet on the Treasury Secretary's fund. In addition, the Federal Reserve announced a new Main Street Business Lending Program that will make loans to medium to large size employers (including medical groups) with less than 10,000 employees.

- **Coverage and Payment for COVID-19 Testing:** Congress mandated that Medicare, Medicaid, private insurers, TriCare, the VA and Indian Health Services cover and pay for COVID-19 vaccines, testing and related physician visits and prohibit any patient cost-sharing for such services. Medicare will pay for 100% of the visit costs. Private insurers must pay the contracted rate. If there is no contract, insurers must pay the cash price posted by the physician.

- **Deadlines Extended for the Medicare MIPS and Medicare Shared Savings Program Quality Reporting Data Submissions:** The Centers for Medicare and Medicaid Services (CMS) extended the deadline from March 31, 2020, to April 30, 2020. MIPS eligible clinicians who do not submit data by the April 30 deadline will qualify for the automatic "Extreme and Uncontrollable Circumstances" policy and will receive a neutral payment adjustment in 2021. CMS is evaluating options for providing relief around participation and data submission for 2020. CMS is also working on deadline extensions for Accountable Care Organizations.

- **Stimulus Tax Credits:** All U.S. residents with adjusted gross income up to $75,000 ($150,000 married) are eligible for a full $1,200 ($2,400 married) tax credit. They are also eligible for an additional $500 per child. No action is required to receive a stimulus check from the IRS.

Epidemiologic Risk Classification Table

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves[a]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was not wearing a cloth face covering or facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[b]	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[a,b]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)[b]	Low	Self with delegated supervision	None

CARES Act Public Health and Emergency Fund

$175 Billion HHS Provider Relief Fund

https://tinyurl.com/caresemergencyfund

- **On March 27, 2020, Congress adopted and the President signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. It provides $100 billon in financial assistance to physician practices,** hospitals, and other providers for additional unreimbursed expenses or lost revenue due to the COVID-19 pandemic. These payments do not need to be repaid. This is a welcome relief for physicians. MSD has been aggressively advocating to Congress, HHS and the AMA for additional financial assistance to sustain financially distressed practices.

- **On April 24, 2020, Congress enacted and the President signed the COVID-19 "Interim Economic Relief" bill that provided an additional $75 billion** to the HHS Provider Relief Fund for a total of $175 billion.

- **Phase One Payments:** On April 10 and April 17, 2020, HHS directly dispersed $30 billion to Medicare enrolled fee-for-service physicians and hospitals through the physician group's TIN bank account that normally receives Medicare payments.

- **Phase Two Payments:** On April 23, HHS announced a second wave of $20 billion in payments for physicians and hospitals to replace lost revenue from all payers due to the COVID-19 outbreak. The grants do not need to be repaid. Physicians must apply for the payments and submit their most recent IRS Tax Filings with information about Covid-19 related revenue losses for March and estimated losses April 2020. Physicians must use the funding to cover unreimbursed expenses or lost revenue due to the COVID-19 pandemic. The same terms and conditions that applied to the phase one payments will still apply with additional terms.

- For providers that already provide cost reports to HHS—such as hospitals and other health care facilities—allocations will be direct deposited on April 24, 2020. These providers must subsequently submit revenue data for verification. In addition to the new $20 billion allocation, there is another targeted allocation of $20 billion for hospitals in hot zones and rural areas. HHS is also making an additional $10 billion available to physicians and hospitals providing treatment to uninsured Covid-19 diagnosed patients. The phase one and phase two funding allocations total $80 billion. HHS has assured organized medicine that a third wave of funding will be distributed soon to physicians and specialties who do not have a Medicare-heavy caseload, such as Medicaid providers.

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