

COVID-19: Physician Office Support

March 19, 2020



Unprecedented Times

At Conventus, the health and safety of our membership is our top priority as we closely monitor the rapidly changing developments of the COVID-19 (Coronavirus) Outbreak. We know that many of you are getting information from multiple sources and that finding the right resources to help you respond can be challenging. To help we have created this **Physician Office Resource** to provide guidance and information on what to do in the event the Governor declares a full state of emergency and limits movement throughout the state or if the area your practice is in becomes a hotspot.

This Resource will be continually updated as information changes and is released. We are monitoring announcements made by The Centers for Medicare & Medicaid Services (CMS), as well as New Jersey State and the New Jersey Department of Health (NJDOH). Conventus is committed to ensuring our members and the healthcare community have the most up-to-date information possible to ensure the safety and wellbeing of you, your practice and patients.

Please contact us at any time if you have questions or concerns. We are here and ready to provide you with assistance, as we all navigate this rapidly changing environment.

How to Contact Conventus

Practice Resources Contact	Phone	Email
<i>Practice Resources General</i>	(877) 444-0484 ext. 7466	<i>Conventus@conventusnj.com</i>
<i>For Conventus Members Only - Practice Advice Hotline (24/7)</i>	(732) 602-3754	<i>PracticeAdvice@ConventusNJ.com</i>
<i>For Conventus Members, you may also contact your Practice Resources Consultant directly.</i>		

As you know on March, 9 2020, Governor Murphy signed [Executive Order No 103](#) (A State of Emergency and a Public Health Emergency), which tasks the State Director of Emergency Management, Superintendent of the New Jersey State Policy along with the NJDOH Commissioner to oversee and implement the State Emergency Operations Plan. This declaration allows the state to deploy resources across all levels of government to help respond to the spread of COVID-19 and to keep the residents of the state informed. We are seeing more and more closures and tightening of movement throughout the state in order to help combat the spread of COVID-19. What would you do if you had to close your practice for an extended period? Do you have a preparedness plan?

A well-constructed infection control preparedness plan for COVID-19 is essential. Careful screening of patients and adherence to [Centers for Disease Control and Prevention](#) (CDC) guidelines are paramount. By following CDC's patient assessment protocol for early disease detection practices can help with identifying and treating the coronavirus early.

Criteria for Evaluating and Reporting PUI

The CDC has revised its criteria for [Evaluating and Reporting Persons Under Investigation](#). The guidelines now indicate that "clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions should be based on local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, difficulty breathing). Providers are encouraged to test for other causes of respiratory illness, including infections such as influenza."

Criteria for Evaluating and Reporting PUI (cont'd)

Epidemiologic factors may help guide decisions on whether to test, which can include: any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset. We recommend that you check this [CDC website](#) daily for any updates, as well as review the [CDC's Healthcare Professionals: Frequently Asked Questions](#).

You may also want to implement a simple COVID-19 Screening questionnaire so that you can quickly assess a patient's risk for COVID-19 exposure. This will help to triage patients who are calling due to other seasonal conditions and not COVID-19.

Sample COVID-19 Patient Screening Questionnaire

NJ Reporting for PUI

PUI cases should be reported IMMEDIATELY to the local health department (LHD) where the patient resides. If the patient residence is unknown, report to your own LHD. Contact information for LHDs can be found at: <http://www.localhealth.nj.gov/>. LHDs are available 24/7/365. If LHD personnel are unavailable, healthcare providers should report the case to NJDOH, Communicable Disease Service (CDS) at (609) 826-5964, Monday through Friday 8:00 AM-5:00 PM. On weekends, evenings and holidays, CDS can be reached at (609) 392-2020.

- 1) In the last 14 days, have you traveled to a COVID-19 infected area either in or outside of the US?
- 2) Been exposed to an individual who has traveled to a COVID-19 infected area either in or outside the US?
- 3) Been exposed to someone with laboratory confirmed COVID-19 infection or person under investigation (PUI) for COVID-19?
- 4) Have you had a Cough, Shortness of Breath or Fever in the last 14 days?
- 5) Are you currently experiencing:
 - a. A fever over 100,
 - b. Difficulty breathing
 - c. Persistent pain or pressure in the chest
 - d. New confusion or inability to arouse
 - e. Bluish lips or face?

Based on latest CDC Testing for COVID-19 available from:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

Alternative Suppliers

The FDA recognizes the need by healthcare providers and personnel for personal protective equipment (PPE) such as surgical masks and surgical and isolation gowns, may outpace the supply during the Coronavirus Disease 2019 (COVID-19) outbreak. As such, the FDA is collaborating with manufacturers PPE to help facilitate mitigation strategies related to the COVID-19 outbreak.

In the interim, we have compiled a list of vendors, by type of PPE, for your use. Stockpiling/Hoarding is not recommended; however, you should take care to have adequate inventory of these items so that you may continue to see patients in your office while following recommended infection prevention procedures.

- **Conventus members, contact Practice Resources for a copy of the list.**

MAC Testing Pricing

<https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf>

On March 5 and February 13, CMS announced new Healthcare Common Procedure Coding System (HCPCS) codes for healthcare providers and laboratories to test patients for SARS-CoV 2/2019-. Starting in April, laboratories performing the test can bill Medicare and other health insurers for services that occurred after February 4, 2020, using the newly created HCPCS code (U0001). This code is only to be used for the tests developed by the CDC. Laboratories performing non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19) can bill for them using a different HCPCS code (U0002).

Local Medicare Administrative Contractors (MACs) are responsible for developing the payment amount for claims they receive for these newly created HCPCS codes in their respective jurisdictions until Medicare establishes national payment rates. The payment amounts are identified below. As with other laboratory tests, there is generally no beneficiary cost sharing under Original Medicare.

Do not Turn Away Patients

It is strongly recommended that practices do not turn patients who reach out for help or present with acute respiratory symptoms away. All patients should be triaged and managed according to CDC recommendations. Refusing assessment/care may lead to concerns of patient abandonment.

Office and Patient Messaging

Office Messaging/Patient Education

Physician offices play a critical role during emergencies such as this, not only in the diagnosis and treating of patients but just as importantly, being a source for timely and accurate evidence-based information. Helping to calm fears, anxiety and misinformation is key in your communication messaging for your office staff and patients.

Put up informational/instructional posters/signs at entrance to the office, and in strategic places (e.g., waiting area, exam room, rest rooms etc.) to provide patients with appropriate respiratory/cough hygiene and hand washing etiquette. Some resources include:

- All CDC Print Resources: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
- Handwashing posters/information: <https://www.cdc.gov/handwashing/posters.html>
- Stop the Spread of Germs: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
- What To Do if You Are Sick: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>
- Symptoms of Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>
- Keeping workplaces, homes, schools or commercial establishments safe: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf>

Provide supplies for respiratory hygiene and cough etiquette, including 60-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal of tissues and other products, facemasks.

- Remember to place alcohol-based hand sanitizers, if available, at the entrance to your practice as well as strategically throughout.
- Keep masks behind counters and provide only to patients who are symptomatic.

Keeping patients informed

- Develop a recorded message that informs patients about what to do if they suspect they have been exposed to COVID-19 or are experiencing signs and symptoms.
 - o If you have multiple lines, create a recorded message and a triage line for patients who would like additional information on COVID-19 or refer patients to the **NJ DOH CDS 24-Hour Public Hotline at 1-800-222-1222** where trained healthcare professionals are available to answer questions and help direct patients.
- If you have the capability, consider:
 - o Sending out an email and/or text message to your patients explaining your office procedures and what you are doing to help ensure their health and well-being.
 - **Conventus members, contact Practice Resources for sample copies of patient letters/messaging.**
 - o Posting to your website COVID-19 information, and your office preparedness plan. Also provide information on what a patient can do if they are experiencing signs symptoms or are concerned about exposure to COVID-19.
 - Include information on your [local department of health](#) and the NJ DOH CDS [COVID-19: Information for Communities and the General Public](#).
 - **Conventus members, contact Practice Resources for sample website messaging.**

Addressing patient concerns and availability of testing

If a patient contacts your office and says they are experiencing fever, cough, and other symptoms of respiratory infection or if they want to be tested for COVID-19, remember to follow the CDC guidelines for [Evaluating and Reporting Persons Under Investigation](#). Key here is to provide patients with information as to why you will or will not be testing them.

Office and Patient Messaging (cont'd)

Addressing patient concerns and availability of testing (cont'd)

- Inform patients that:
 - o Testing kits are extremely limited and are reserved for people with fever, cough and other flu like symptoms.
 - o Those that meet the CDC guidelines (symptomatic or traveled recently out of the country).
 - o Priority goes to people who have had close contact with someone confirmed to have the virus or those who traveled to an outbreak area.
 - o Your testing decisions are made based on protocols developed in partnership with infectious disease specialists and public health officials.
 - o You will first test them for the seasonal flu and other common infections to rule those out before moving forward to testing for COVID-19.
 - o They should self-quarantine until the test results are received.
 - o At this time there is no vaccine available, but work has begun in developing a vaccine that is safe and effective for humans.

Any patient who meets criteria for testing and is tested must self-quarantine until the test results are received; in the case of a positive test, the required cumulative quarantine time is 14 days based on CDC and department of health requirements.

Available Testing in NJ

Throughout NJ, COVID-19 testing sites are becoming operational. In order to be tested, a person must be experiencing the two most common coronavirus symptoms – a fever and a dry cough. They also must get a direct referral from their health care provider, who will help them identify the appropriate testing site. At this time the following testing sites are either operational or will be soon:

County	Testing Facility
Bergen	<ul style="list-style-type: none">- Bergen County Community College in Paramus – upcoming- Holy Name Medical Center in Teaneck
Camden	<ul style="list-style-type: none">- Blackwood Campus of Camden Community College – awaiting the availability of tests
Hudson	<ul style="list-style-type: none">- Hudson Regional Hospital in Secaucus- Riverside Medical Group in Secaucus
Middlesex	<ul style="list-style-type: none">- Robert Wood Johnson University Hospital in New Brunswick- Bergen County Community College in Paramus – upcoming- Holy Name Medical Center in Teaneck
Mercer	<ul style="list-style-type: none">- InFocus branch at the College of New Jersey in Ewing (drive-thru)- InFocus branch at the Windsor Plaza in West Windsor (drive-thru)
Monmouth	<ul style="list-style-type: none">- PNC Bank Arts Center in Holmdel – upcoming

As more sites become available Conventus will update this list and provide additional information.

Patient Screening Prior to Office Visit and Arrival

If you are keeping your office open during this time, consider the following:

Screen for fever, cough, and/or flu-like symptoms at appointment scheduling, appointment reminder and check-in

Ask patients if they, or the person accompanying them is experiencing any signs or symptoms of respiratory infection such as cough, runny nose, fever, difficulty breathing and/or flu like symptoms like body aches, weakness, fatigue. Also ask if they have had any recent travel, either domestically or internationally in the past 14 days.

- If a patient is experiencing any of these signs, or they have traveled, recommend that they do not come into the office directly. Instruct them to wait in their vehicle and they will be notified via cell phone when they are ready to be seen. Bring the patient in through the employee or alternative entrance, and room the patient immediately.
 - o If the patient is already in the office, provide the patient with a mask and separate the patient into an exam room or other space where they can be isolated until they can be seen.

Limit patient accompaniment by family members, friends, or children

For the immediate future, ask patients if possible, to come to their appointment alone, or limit family members or caregivers accompanying a patient to just one (1) person. Exceptions may be required for those who are frail or elderly who require assistance (e.g., May have home health aide and family member).

Patient Arrival To Office and Check-In

Implement social distancing measures

Social distancing refers to measures that are taken to increase the physical space between people to slow the spread of the virus. Remember to communicate with your patients ahead of time what your new policy will be so that they will be able to comply and to minimize stresses that may occur.

In your office:

- Space out the scheduling of patients to minimize overlapping of too many patients, e.g. schedule patients no closer than every 15-30 minutes, depending on the rate you see patients. Do not overbook or double books patients.
- Look at changing how you are scheduling patients. For example:
 - o Morning hours reserved for sick or same-day patients
 - o Afternoons for scheduled patients with no known exposure or non-sick visits (e.g., physicals, follow-ups, medication reviews etc.)
 - o Late afternoon and evening hours, reserve for sick appointments
- If you have a Patient Portal and it allows for online check-in, utilize it and remind patients they can check-in online.
- Try to create six (6) feet of space between patients by limiting the number of people allowed in the waiting room. Rearranging waiting room chairs/couches or place signs on furniture stating, "Please Do Not Sit – We are helping to keep you healthy".
- If there is not enough room or if you cannot create some seating distances:
 - o Patients should be asked to wait in their vehicles after check-in and they will be called or sent a text when they are ready to be seen/roomed.
 - o You can lock the office front door and post a sign informing patients that they can come in at the time of their scheduled appointment. Complete the check-in process all at that time.
 - **Conventus members, contact Practice Resources for sample office/front door sign/messaging.**

Office Cleaning and Environmental Infection Control

Enhanced cleaning of surfaces

It is recommended that you increase the cleaning of high touch surfaces throughout your office, including doorknobs, bathroom fixtures and toilets, counter tops, exam chairs, patient waiting areas and surfaces, water dispensers, etc., in-between each patient by using an [EPA-registered Antimicrobial Product](#). Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

Cleaning with an approved [EPA-registered Antimicrobial Product](#) after every patient contact should include:

- Clipboards and countertops and any surfaces with direct patient.
 - o Do not leave clipboards or other items on your countertops in between patients.
- Pens that are used by patients. Once used, place the pens in a separate holder labeled “Used – To be Sanitize before Use”. Do not distribute pens before being cleaned.
- Patient check-in stations or tablets if used. These should be cleaned after every patient and before storing for the night.
- Patient flow areas, including the waiting room, exam rooms and other areas where patients move through. If there are patient countertops, chairs or other hard surfaces, these should be cleaned after every patient.
- All hard surfaces in the waiting room, including the door handle into the office and in the exam room.
- If you offer coffee or water dispensers, also remember to add these to the cleaning schedule after every patient.
- Remove reading materials/magazines including patient education materials, from waiting room to avoid patient contact.

Suggestion: Keep a log of the areas cleaned and the cleaning schedule. This will ensure that the surfaces are cleaned as scheduled and needed.

Office Cleaning and Environmental Infection Control

Together with enhanced cleaning of surfaces, routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with [EPA-approved emerging viral pathogens](#) claims are recommended for use against SARS-CoV-2. Use cleaners and water to pre-clean surfaces prior to applying an EPA-registered antimicrobial product to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label.

Staff and Common Areas

Non-patient areas and surfaces throughout the office should also be wiped clean at the beginning, throughout, and at the end of each day (e.g., phones, keyboards, computer mouse, light switches, TV remote control(s), desk surfaces, filing cabinets, break room surfaces, snack machines, coffee machines, etc.).

- Personal cell phones should also be cleaned more frequently, especially if it is placed on surfaces throughout the office. Both the phone and the case should be cleaned separately.
- Remind staff to clean multi-use items (e.g., sugar, salt/pepper condiments etc.) after handling.

Promote Patient Handwashing

Encourage patients to wash their hands or use hand sanitizer when arriving, before entering the exam room and when leaving your office.

- Put hand washing posters in restrooms to remind patients of the proper handwashing technique.
- Posters are available from the:
 - o NJ DOH: <https://nj.gov/health/cd/handwashing.shtml>
 - o CDC: <https://www.cdc.gov/handwashing/posters.html>



Promoting The Increased Use Of Telemedicine/Telehealth

Conventus is continuously monitoring and synthesizing new information and will provide updates, as they become available. Here information we know relative to the use of telehealth. **Please contact us for guidance as you consider offering telemedicine/telehealth support for your patients**

Practice Resources Contact	Phone	Email
<i>Practice Resources General</i>	(877) 444-0484 ext. 7466	Conventus@conventusnj.com
For Conventus Members Only - Practice Advice Hotline (24/7)	(732) 602-3754	PracticeAdvice@ConventusNJ.com
<i>For Conventus Members, you may also contact your Practice Resources Consultant directly.</i>		

With the passage of the *Coronavirus Preparedness and Response Supplemental Appropriations Act*, the declaration of a national emergency and, as things rapidly develop with COVID-19, telehealth and other remote monitoring policies are continuing to change quickly. As physicians explore alternative ways to provide care for their patients, we at Conventus are here to help support. We will work with you to ensure that you are following the New Jersey Board of Medical Examiners (NJBME) [Telemedicine Regulations](#), as well as helping you to continue to maintain the necessary medical record documentation and practice standards, regardless of how care is provided (e.g., face-to-face, telehealth etc.).

Helping to Support Your Telemedicine/Telehealth Efforts

Being able to efficiently and effectively provide care and services via telemedicine can be challenging, especially without digital/visual technology. To help our members and the healthcare community, Conventus has researched several telemedicine solutions that offer free products as well as subscription-based use and are HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant.

Doxy.me (<https://doxy.me/>) is a simple, free and secure telemedicine solution platform that requires no download, registrations or logins. Clinicians simply share their personalized room URL (e.g. doxy.me/DrFord) with a patient to start a meeting. The URL is all that is required for the patient. A customizable waiting room welcomes and engages the patient until the provider is ready. Doxy.me also has a patient queue and chat capabilities to help clinicians manage several patients simultaneously, when necessary. Doxy.me is HIPAA compliant and uses encrypted point-to-point connections. Video consultations are not stored as data, and patients can rest assured that their Doxy.me consultations are respected with the same degree of confidentiality as an in-office visit.

Vsee (<https://vsee.com/>) is a robust telemedicine solution that offers free and paid virtual secure patient health communications. With Vsee a provider can easily manage their online patient visits from anywhere with a custom weblink, waiting room, intake, patient queuing, and walk-in alerts; simple secure HD Video and messaging. Vsee suite is HIPAA compliant and uses Military grade 256-bit AES encryption.

Leveraging Your Electronic Record Health (EHR) Technology

If you have an EHR you should contact them to help leverage the functionality of your Patient Portal, and patient communication tools. Several EHR vendors have their own telehealth modules that are integrated into their product, so that you can deliver the same quality care online as you do in the office. Patients' clinical data is fully integrated, and your workflows are unaffected. This may be a great additional solution to help you provide expanded care to your patients.

Please remember if you have any question, concerns, need advice or assistance do not hesitate to contact us! Conventus is here to help support your efforts.

NJ State Requirements: Telemedicine/Telehealth Policies

While many changes are coming from the Centers for Medicare & Medicaid Services (CMS) regarding waivers for telehealth relative to Medicare and Medicaid, **these policies do not supplant NJ’s state requirements**, [New Jersey Administrative Code \(NJAC\) 6B.1-6B.9](#). Therefore, the state still has authority over telemedicine/telehealth regulations, including professional licensure, scope of practice, standard of care and patient consent.

Current Policies	Changes based on COVID-19	What to do Now
<ul style="list-style-type: none"> - On May 6, 2019 there were proposed regulations to implement New Jersey’s telemedicine and telehealth statute, which became law on July 21, 2017 (implementing P.L. 2017, c. 117). The proposed regulations are applicable to New Jersey-licensed physicians and podiatrists. - Must be licensed to practice medicine in NJ in accordance with NJSA 45:1-62. - Established licensee-patient relationship including: <ul style="list-style-type: none"> o Identifying information of patient o Review of patient’s history and other pertinent health information o Ability to provide same standard of care as if in person - Must provide consent to treat and privacy notice to patient prior to evaluation or treatment and obtain a signed and dated statement indicating the patient received the notice. - Telemedicine providers must use interactive, real-time, two-way communication technologies. <ul style="list-style-type: none"> o Asynchronous store and forward technology to allow for electronic transmission of images, diagnoses, data and medical information. o Interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology without video capabilities <p>Conventus recommends you review the Conventus Healthcare Insight Whitepaper on Telemedicine/Telehealth for details on how to comply with the law. Available from: https://www.conventusnj.com/Special-pages/Webinars/HI_-_NJ_Telemedicine_Final_Approved.aspx</p>	<p>The following bills are pending at this time (3/19/20):</p> <ul style="list-style-type: none"> - A3860 established certain requirements to use telemedicine and telehealth to respond to coronavirus disease 2019 (COVID-19). - A3862 would permit professional and occupational licensing boards to expedite licensure of certain individual during state of emergency of public health emergency — including waiving criminal background checks — licenses and certifications to applicants who already hold a corresponding license or certification in another state 	<ul style="list-style-type: none"> - Providers <u>must follow</u> the states requirements especially around the Privacy and Consent for patients to receive services through telemedicine/telehealth. - While some payors, including Medicare and Medicaid have lessened their requirements, the laws in NJ still prevail. - A major component is the privacy and consent statements that need to be signed by a patient prior to evaluation or treatment. <p>For Conventus Members: Conventus recommends that you follow the current BME regulations regarding telemedicine and patient consent. To that end, Conventus has developed a sample Telemedicine/Telehealth Informed Consent Form to help our members provide remote services to their providers.</p> <p>If you would like a copy of the <i>Telemedicine Informed Consent Form</i>, contact Practice Resources at</p> <ul style="list-style-type: none"> - Practice Advice Hotline (732) 602-3754; OR - 877) 444-0484 x 7466; OR; - conventus@conventusnj.com. - You may also contact your Practice Resources Consultant directly.

Medicare: Telemedicine/Telehealth Policies

With the Public Health Emergency (PHE) declaration CMS, on a temporary basis, has expanded the Medicare telemedicine benefits under the [1135 waiver](#) authority and the [Coronavirus Preparedness and Response Supplemental Appropriations Act](#) (HR 6074). The waiver will remain in place until the secretary lifts the PHE. **Note: NJ State laws supersedes the Medicare laws.**

Current Policies	Changes based on COVID-19	What to do Now
<ul style="list-style-type: none"> - Patient must be located at one of eight “originating sites”, which include hospitals, physicians’ offices and rural health clinics. - The originating site must meet geographic criteria – a county outside of a Metropolitan Statistical Area (MSA) or a rural Health Professional Shortage Area (HPSA) in a rural census tract. - Limited reimbursement available. - Specific list of providers, e.g., Physicians, Nurse practitioners, physician assistants, nurse midwives, clinical nurse specialists, etc. - Requires prior patient-provider relationship exists for three years. - CMS allows for use of services to be provided by telephone but only if the technology has audio and video capabilities that are used for two-way, real-time interactive communication. - Before initiation of the visit the patient must give consent to be treated virtually, and the consent must be documented in the medical record. - CY 2019 Telehealth Services <ul style="list-style-type: none"> o CMS has not updated the <i>Telehealth Services Sheet for 2020</i> 	<p>Effective March 6, 2020, under the 1135 waiver Medicare:</p> <ul style="list-style-type: none"> - Removed the requirements that physicians or other healthcare professionals hold licenses in the state which they provide services if they have an equivalent license from another state. - Will pay for office, hospital and other visits furnished via telehealth across the county including in patient’s place of residence starting March 6, 2020. - Will consider telehealth visits the same as in-person visits and will be paid at the same rate as regular in-person visits. - Will pay for professional services furnished to beneficiaries in all areas of the county and in all settings. - Is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. - Authorizes the use of telephones (e.g., smart phones) that have audio and video capabilities for the furnishing of telehealth services during the COVID-19 PHE. - The US Department of Health and Human Services (HHS) will not conduct audits to ensure that a prior relationship existed for claims to be submitted. - The HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergencypreparedness/index.html <p>The waiver did not:</p> <ul style="list-style-type: none"> - expand the list of eligible providers to provide services and be reimbursed. - expand what technologies can be used to provide telehealth services. Services 	<p>Medicare Telemedicine Health Care Provider Fact Sheet (published 3/17/20).</p> <p>All services must be initiated by the patient; but providers may educate the patient on the availability of services prior to the patient initiating the service.</p> <p><i>Common telemedicine/telehealth service codes for offices include:</i></p> <ul style="list-style-type: none"> - 99201-99215 for office or other outpatient visits using telecommunications between patient and provider. Along with Place of Service (POS) code 02. <ul style="list-style-type: none"> o For new* and established patients. <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that a prior relationship existed for claims submitted during this PHE.</p> <p>The following codes are not deemed telehealth services and not subject to statutory requirements for originating site and rural geography.</p> <ul style="list-style-type: none"> - Virtual Check-In includes a brief (5-10 minute) check in via telephone or other telecommunications device, to decide whether an office visit or other service is needed. <ul style="list-style-type: none"> o For established patients. o Cannot originate from a related E/M service within 7 days prior to check-in and cannot lead to an E/M service 24 hours after check-in or soonest available. o HCPCS Code: G2012 – all of the above including, virtual check-in by physician or other qualified healthcare professional o HCPCS Code: G2010 – all of the above including remote evaluation of recorded video and/or images submitted by patient including interpretation with follow-up with the patient within 24 hours.

Current Policies	Changes based on COVID-19	What to do Now
	<p>must be provided through live video (e.g., Possibility to use FaceTime, Skype, or other video telecommunication).</p> <p>Review the Medicare Telemedicine Health Care Provider Fact Sheet (published 3/17/20).</p>	<ul style="list-style-type: none"> - E-Visits is for a communication between a patient and provider (non-face-to-face) through an online patient portal. <ul style="list-style-type: none"> o Patient must initiate inquiry and communications can occur over a 7-day period o For established patients o CPT Codes: 99421-99423 o HCPCS Codes: G2061, G2062, G2063 for qualified non-physician healthcare professionals <p><i>For a complete list of CMS telemedicine Codes visit:</i> https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes</p> <p><i>Telehealth services will be paid under the Physician Fee Schedule (PFS).</i></p>

Medicaid: Telemedicine/Telehealth Policies

Current Policies	Changes based on COVID-19	What to do Now
<ul style="list-style-type: none"> - Telehealth reimbursement policies are managed at the state level, by the Division of Medical Assistance and Health Services (DMAHS) which administers Medicaid’s state-and federally - funded NJ FamilyCare program. - A state plan amendment would be necessary to accommodate any revisions to payment methodologies to account for telehealth costs. <p>More information is available: https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html</p>	<ul style="list-style-type: none"> - Medicaid Telehealth Guidance to states is available: https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf - The Home page for general Medicaid Telehealth Guidance is available: : https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html <p>For NJ guidance follow NJ Department of Banking and Insurance (NJ DOBI) Bulletin No. 20-03 available: https://www.state.nj.us/dobi/bulletins/blt20_03.pdf</p> <p>DOBI is advising carriers to:</p> <ul style="list-style-type: none"> - Refrain from imposing cost-sharing for any emergency room visit at an in-network or out-of-network hospital, any in-network office visit, or any in network urgent care center visit, when the purpose of the visit is to be tested for COVID-19. - Waive any cost-sharing for medically necessary COVID-19 laboratory tests provided by in-network or out-of-network laboratories. - Requiring carriers to develop robust telehealth programs with their participating providers where appropriate, particularly for individuals who may have difficulty making an office visit and where a phone call with a medical professional can alleviate the need for a hospital visit. 	<p>Please remember to check all plans’ Provider Portal for details on their telemedicine/telehealth service offering including specific conditions and billing.</p> <ul style="list-style-type: none"> - WellCare, is waiving member out-of-pocket costs for charges associated with a visit to an in-network Primary Care Physician, Urgent Care Center or Emergency Room for COVID-19 testing for members presenting for care with concerns related to COVID-19 or reported exposure to individuals diagnosed with COVID-19. - WellCare is also waiving early refill limits on prescription medications at any in-network pharmacy and members may get long-term maintenance medications refilled for 90-day supplies. - Billing for Telemedicine services: Bill WellCare with Place of Service 02 and use procedure codes 99441, 99442 and 99443 for telephonic-only encounters. - Horizon NJ Health (NJ FamilyCare/Medicaid and MLTSS) Waiving all member cost-sharing obligations for covered telemedicine services delivered by an in-network doctor or through Horizon BCBSNJ’s telemedicine platforms whether for routine care, an assessment related to possible COVID-19 infection or for mental health counseling <p>Coverage Policy Information: https://www.horizonhealthnews.com/horizon-eliminates-cost-sharing-for-qualified-in-network-telemedicine-services/</p> <p>Telemedicine Policy Information https://www.horizonnjhealth.com/providers/resources/policies/reimbursement-policies-guidelines/telemedicine-and-telehealth</p>

Telemedicine/Telehealth Policies: Private Payors/Insurers (Not Medicare)

Current Policies	Changes based on COVID-19	What to do Now
<ul style="list-style-type: none"> - Policies vary among payers. - Based on plan and type of coverage patient has. - Limited to using plan designated telemedicine (e.g., LiveHealth Online, TeleDoc, etc.) 	<ul style="list-style-type: none"> - Many health plans have begun to make telehealth services available to their members for a limited time (e.g., next 60 days) for all care, through in-network providers or via their already established telehealth services. - With the many changes that continue to evolve plans are changing their policies to help ensure their members stay health and receive the care needed. 	<p>Please remember to check all plans' Provider Portal for details on their telemedicine/telehealth service offering including specific conditions and billing.</p> <ul style="list-style-type: none"> - Horizon Blue Cross & Blue Shield: Waiving all member cost-sharing obligations for covered telemedicine services delivered by an in-network doctor or through Horizon BCBSNJ's telemedicine platforms whether for routine care, an assessment related to possible COVID-19 infection or for mental health counseling. - Aetna: Offering \$0 copay for telemedicine visits for the next 90 days, until June 4, 2020. Costs will be waived for all telemedicine visits through Teladoc, network providers who deliver virtual care (e.g., live video conferencing), or other virtual care apps or services provided as a part of members plan. - Cigna: At this time is only waiving customers' out-of-pocket costs for COVID-19 testing-related visits with in-network providers through May 31, 2020.

Resources and References for COVID-19

NJ DOH

- Main Information Page: <https://www.state.nj.us/health/cd/topics/ncov.shtml>
- Information for Healthcare Professionals: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml
- Surveillance Criteria and Testing for 2019-nCov:
https://www.nj.gov/health/cd/documents/topics/NCOV/NCoV_LINCS_SurvCriteria_and_Testing_2019_nCoV_012220final.pdf
- NJ COVID-19 Dashboard: https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml
- Local Health Department Directory: <https://www.nj.gov/health/lh/>

NJ Division of Consumer Affairs

- State Board of Medical Examiners: <https://www.njconsumeraffairs.gov/bme/Pages/regulations.aspx>

CDC

- General Information: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Infection Prevention and Control: <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>

CMS

- Coronavirus (COVID-19) Partner Toolkit: <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>
- Health Insurance Coverage: Essential Health Benefits: <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/EHB-Benchmark-Coverage-of-COVID-19.pdf>
- Medicare Advantage Waive Copays: <https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf>
- Medicaid and CHIP Resources : <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/covid19/index.html>
- FAQs on Essential Health Benefit Coverage and the Coronavirus: <https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf>
- COVID-19 Emergency Declaration Health Care Providers Fact Sheet: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>

DHHS

- HIPAA - Emergency Situations: Preparedness, Planning, and Response: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

DHHS - Office of Civil Rights

- Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency:
https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html?utm_campaign=government-affairs&utm_medium=email&utm_source=3.17.20%20Regulatory%20Alert%20Washington%20Connection&elqEmailId=9986

Business NJ

- COVID-19/Novel Coronavirus Information for New Jersey Businesses:
<https://faq.business.nj.gov/en/collections/2198378-information-for-nj-businesses-on-the-coronavirus-outbreak>

For more information please contact us at:

(877) 444-0484 x 7466 | conventus@conventusnj.com | www.conventusnj.com/