



The Impact of COVID-19 on Home-Based Primary Care Providers, Practices, and Patients

Special Webinar Update

March 26, 2020

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Welcome and Introductions

Mount Sinai at Home, NYC

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Welcome and Introductions (cont'd)

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Welcome and Introductions (cont'd)

Northwestern Medicine

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Home Centered Care Institute (HCCI)

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Overview

- Examples of COVID-19 Protocols and Guidelines for Home-Based Programs
- Medicare and Coronavirus: Navigating the New Rules Impacting Home-Based Medical Care
- Special Concerns for Home-Based Programs & Providers in the Era of COVID-19

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Examples of COVID-19 Protocols and Guidelines for Home-Based Programs

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Mount Sinai at Home

Linda V. DeCherrie, MD
Clinical Director, Mount Sinai at Home



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Mount Sinai at Home

- Mount Sinai Visiting Doctors (MSVD)
- Mount Sinai Palliative Care at Home (MSPCAH)
- Mount Sinai Hospitalization at Home (HAH)

- Mount Sinai Official Procedures
- Screening prior to any home visits
- General Phone calls
- What to do on home visits



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MSVD and MSPCAH

- ☐ Clinician determines need for in person visit (MSVD: MD, NP, SW; MSPCAH: NP, RN, SW, CHW)
 - Offer Telephone call
 - Offer video visit (MSVD)
 - Offer to reschedule
- ☐ Visits Only for NON – COVID-19 related illnesses
- ☐ **Unable to test for COVID-19 in the home at this time**
- ☐ Visits are NOT being scheduled, if clinician determines to schedule visits, the clinician needs to inform their AA to schedule the visit



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Home Visits - MSVD

- ☐ All home visits need to be telephone-screened the day prior of scheduled visit
- ☐ AAs will screen all visits day before
- ☐ AA will screen all UV the day of (refer to next slide)
- ☐ Providers need to re-screen on Mondays
- ☐ Social workers will minimize visits. If urgent SW visit, SWs will telephone screen prior to visit.



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Home Visits – MSPCAH and HAH

MSPCAH

- ☐ All home visits need to be screened the day prior or the day of visit (see slide prior)
- ☐ CHW, SW, RN, NP all screen their own visits day before or day of visit, although AA can do it

HAH

- ☐ All home visits need to be screened the day prior or the day of visit
- ☐ Acute Phase –
 - patient screened on admission (RCC) **
 - NP/SW/MD visits – one screen per day prior to visit by NP/MD
 - Televisit and no provider visit – VCU screens prior to RN visit
- ☐ Monitoring phase –
 - Scheduled SW or NP visit – screen by that clinician that day or day prior
 - Urgent visits by NP/MD – screen day by VCU



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Telephone Screening

Administrative Assistants/AC/VCU/Provider/Social Workers

Hello (preferred Name). We know you may have concerns about COVID-19 and, in order to protect you and our clinicians, we are asking all of our patients a few questions before their appointments.

1. Do you have a recent onset of fever (temp more than 100.4 F (38 C) or feel hot? **Yes or No**
2. Do you have a cough, shortness or breath, sore throat, nasal congestion? **Yes or N**
3. Do you have any flu like symptoms? **Yes or NO**
4. Have you had close contact with a confirmed or potential or potential person diagnosed with **Coronavirus** in the last 14 days or have you or a close household contact traveled to an impacted country?

The AA/AC/SWs will do the following:

- Create a Telephone Encounter using reason for call PHONE SCREENING (HCC)
- Document call using smart phrase: .VDSCREENING

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Telephone Screening (cont'd)

Administrative Assistants/AC/VCU/Provider/Social Workers

IF YES to any of the above questions, do the following:

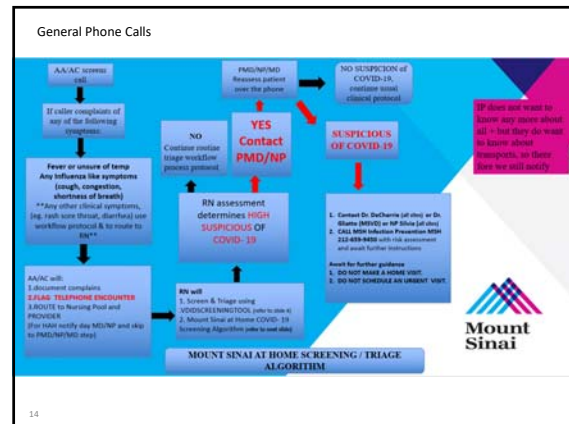
- 1. MSVD -Route telephone encounter as a **PRIORITY to NURSING POOL & PROVIDER**
- 2. MSPCAH – **Notify NP**
- 3. HAH – **notify MD or NP**

IF NO to all the questions above, confirm appointment and document call

If RN/NP/MD doing the screening – can attach same note to your provider visit

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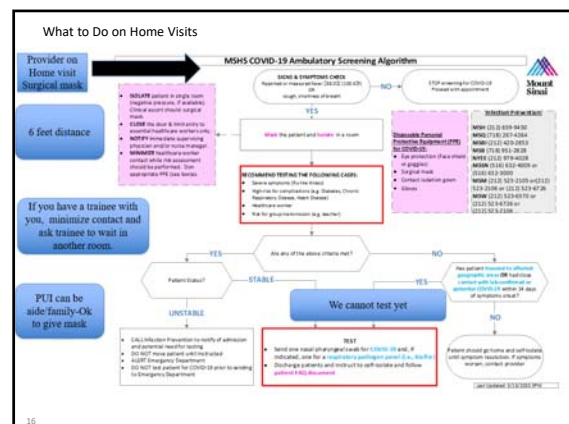
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INFECTIOUS DISEASE SCREENING TOOL FOR CLINICIANS SMART PHRASE: VIDSCREENING TOOL

1. Do you have a recent onset of fever (temp more than 100.4 F (38 C) or feel hot? **Yes or No**
2. Do you have a cough? **Yes or No**
3. Do you have shortness of breath? **Yes or No**
4. Do you have a sore throat? **Yes or No**
5. Do you have nasal congestion? **Yes or No**
6. Do you have any flu like symptoms? **Yes or No**
7. Do you have any diarrhea? **Yes or No**
8. Do you have any rash? **Yes or No**
9. Have you had close contact with a confirmed or potential person diagnosed with **Coronavirus** in the last 14 days or have you or a close household contact traveled to an impacted country?
 - a. If **YES**, please provide dates of travel or date of exposure (Impacted Areas: China, Hong Kong, Taiwan/Macau, South Korea, Japan, Iran, Italy, Vietnam, Thailand, Singapore)

If YES to ANY or ALL, please notify PMD/NP/MD IMMEDIATELY

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Conducting the Home Visit

Step 6 feet back from patient

Perform hand hygiene before putting PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol

Put on your Personal Protective Equipment (PPE) for COVID-19

Disposable Personal Protective Equipment (PPE) for COVID-19:
Wear in single room with patient when performing risk assessment and evaluation. Contact/Lens Eye Protection recommended.
*Surgical mask (special droplet precautions)
*Face shield (special droplet precautions)
*Contact isolation gown
*Gloves
If any aerosolizing procedure use the N95 respirators with face shield

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Conducting the Home Visit

- ☐ Place the surgical mask on person under investigation (PUI).
- ☐ Take the chux out of your bag and place your equipment on the chux.
- ☐ Clean your equipment using appropriate disinfectant located in your bag.
- ☐ Perform hand hygiene before and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol
- ☐ PPE should ideally be removed outside of the home and discarded by placing in external trash can. Use trash bag located in your bag

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Hospital Approved Disinfectant Wipe Conversion

OLD	NEW	Contact Time & Use
		Contact Time*- 1 minute Used for: screens, patient care surfaces, mobile medical equipment * time surface must remain wet to kill germs
		Contact Time*- 1 minute Used for: pre-cleaning of ultrasound probes/transducers before high level disinfection * time surface must remain wet to kill germs
		Contact Time*- 3 minutes Used for: C. diff, norovirus, Candida auris, discharge cleaning, glucometers, blood * time surface must remain wet to kill germs

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Preparing for Home Visit Medical Equipment

SHOULD HAVE IN YOUR MEDICAL BAG:

Personal Protective Equipment:

- ✓ Surgical Mask
- ✓ Mask with Attached Shield
- ✓ Gloves
- ✓ Gown
- ✓ Disinfectant Wipes
- ✓ Soap & paper towel
- ✓ Hand Sanitizers
- ✓ Large Ziplock bags
- ✓ Chux

✓ Thermometer
✓ Stethoscope
✓ Sphygmomanometer (Blood Pressure Cuff)
✓ Pulse Oximeter
✓ Otoscope with ear speculum
✓ Tongue depressors

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Before Conducting the Home Visit

Review the following

- ☐ Proper Donning of
 - Procedure Face Mask with Earloops
 - Surgical Mask with Attached Shield
- ☐ Proper Donning and Doffing Gowns GO TO PEAK MODULE
- ☐ CDC website about home visits:
<https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>

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REFERENCES:
NYC DOHMH: <https://www1.nyc.gov/site/doh/health-topics/coronavirus.page>
Center for Disease Control and Prevention: <https://www.Cdc.gov/coronavirus/index.html>
World Health Organization: <https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>
CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>

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UCSF Care at Home

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UCSF Care at Home

- **Office vs. Telecommuting (“essential staff”)**
- **Screening of Staff**
- **Mostly Video Visits**
 - Still some in-person (acute sx which cannot be assessed by video)
 - In home testing
 - *need key team members to set up video visits
 - **Telemedicine Readiness**
- **Emergency Triage**
- **Proactive Outreach**

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UCSF Care at Home Staff Screening

UCSF Health

the community

In the last 24 hours, have you had any of the following symptoms? (Select all that apply and click arrow to continue)

None of these

In the past 24 hours have you had a runny nose, congestion, or sneezing that is unusual for you?

No

You just have a few more questions for you.

UCSF Health

You are CLEARED for work today

We will now send you your Entry Pass

Save

Would you like to change how often you receive your health screen link or get a new link sent to you right now?

No

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UCSF Care at Home Telemedicine Readiness

Telehealth Readiness Assessment

Do you have access to the Internet?***
☐ Yes ☐ No

Are you actively using MyChart?***
☐ Yes ☐ No
If no, would you like help setting up MyChart?
☐ Yes ☐ No ☐ N/A

Are you equipped with any of the following:***
☐ Desktop with camera, speakers, and microphone/headset capabilities
☐ Laptop with camera, speakers, and microphone/headset capabilities
☐ Tablet - iPad or Galaxy/Surface
☐ Smart Phone - iPhone or Android

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UCSF Care at Home Emergency Triage

Emergency Triage Assessment ***

Level 1 - High Priority ☐ Bed-bound ☐ Paralyzed ☐ Will not have 24-hour care ☐ Ventilator dependent ☐ Oxygen dependent ☐ Requires insulin and cannot self-administer ☐ Uses suction pump ☐ Requires tube feeding	Level 2 - Moderate Priority ☐ Wheelchair bound ☐ Uses nebulizer ☐ Patient-controlled analgesia pump Level 3 - Low Priority ☐ Ambulatory patient ☐ Requires uncomplicated routine wound care
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TeleHealth enabled - attempting Skype
Emergency Triage Level 3

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UCSF Care at Home Outreach

COVID OUTREACH to Patients >65

We are calling all of our patients over the age of 65 to provide some education about coronavirus and make sure our patients are safe. We have some specific questions to make sure you are safe:

SAFETY:

1. Do you have enough of your medications, do you anticipate refill needs in the next 2 weeks? ***
2. Do you have all of your medical supplies (incontinence supplies, oxygen, wound supplies)? ***
3. If you have caregivers, are they still coming to see you, or are you worried about not having enough help? ***
4. Do you have enough food and access to meals? ***
5. Can I help you with anything else, or are there things we need to let your provider know today? ***

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UW Health, Madison, Wisconsin

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COVID-19 Experience at UW Health in Madison, WI

UW Health Protocols shared with HCCI and available at:
<https://uconnect.wisc.edu/clinical/references/infection-control/infection-control/emerging-pathogens/coronavirus-disease-2019-covid-19/>

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Where is Wisconsin on the curve?

<https://covidactnow.org>

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COVID-19 Experience at UW Health

Screening/Testing Protocols (adequate testing availability)

- Testing criteria
- Patient/caregiver education for self-isolation

HBPC Panel Management Approach

- Triaging schedule: in-person, video, telephone
- Connecting with patients living in facilities
- Proactive outreach for education and counseling
- Safety huddle before visits

PPE Use and Conservation Strategy

- Protecting patients from us as healthcare workers
- Aerosol-generating activities encountered in the home

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Screening/Testing Protocols: UW Health Testing Criteria

No close contact with case and member of high-risk population	Close contact with case
• Fever (could be low-grade or subjective) and • Acute respiratory symptom • Cough • Shortness of breath • Chest tightness	• Any new symptoms: • Fever (could be low-grade or subjective) • Cough • Sore throat • Shortness of breath • Chest tightness

High-risk due to vulnerability

- Medical condition (e.g. diabetes, immunosuppressive medication, organ transplant, chronic lung disease, advanced renal disease, chronic liver disease, other conditions per clinician judgment)
- Pregnancy

High-risk due to exposure

- Congregate living facility
- Healthcare worker

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Screening/Testing Protocols: Patient/Caregiver Education for Self-Isolation

"I am calling from UW Health with your COVID-19 test results. We have found that your test has come back positive. This means that you are infected with COVID-19, also called coronavirus. Most people with COVID-19 experience mild symptoms and do not need medical care. There is currently no treatment for this illness. It is important that you monitor your symptoms carefully. If your symptoms get worse (especially if you have high fever, if you have difficulty breathing) call your Primary Care or healthcare provider immediately to tell them your symptoms. You can also call the UW Health COVID-19 Hotline: (608) 720-5300. They will tell you what to do. If you need to go to the ED or urgent care, always call ahead to explain that you are positive for COVID-19 so that they are prepared. Because COVID-19 is highly contagious, you must self-isolate at home. Isolation is the separation of a person who has an illness from others in order to prevent spread of the disease."

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Screening/Testing Protocols: Patient/Caregiver Education for Self-Isolation

What Does Self-Isolation mean?

- Stay home
- Clean high-touch areas
- Do not share personal household items
- Wear mask when in the same room as others
- Postpone all non-essential medical appointments, please tell your health care provider that you are on self-isolation ahead of essential appointments

Isolation may be discontinued when:

- You are free of fever, cough, and other respiratory symptoms for 72 hrs
- And 7 days has elapsed from the day you first experienced symptoms

What does Quarantine mean?

- Follow isolation recommendations for 14 days after your last contact with the person who has COVID-19

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HBPC Panel Management Approach: UW Health HBPC COVID-19 Playbook

Guiding Principles:

- Avoid nosocomial infections for vulnerable homebound population who may be safer without visits from health care workers
- Maintain focus on proactive primary care to minimize urgent care/ED visits for non-respiratory illness
- Proactive patient/caregiver outreach and education about social distancing and shelter-in-place recommendations

Workflows:

- Schedule management: in-person, video, telephone
- Connecting with patients living in facilities via facility staff and communication with family who can no longer visit during lock-down
- Proactive outreach for education and counseling
- Safety huddle before visits

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HBPC Panel Management Approach: Patient/Caregiver Outreach

Questions

What are you doing to isolate or protect yourself from others (e.g. social distancing strategy)?

Who do you have to help you right now?

How are you getting food (food insecurity)?

Do you have all of your medications / are you running out?

How are you doing emotionally right now during the pandemic?

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PPE Use and Conservation Strategy: 3 levels of PPE

	When to Use	Level of Protection	Re-Use PPE?
Universal Precautions	All Face-to-Face Visits	Mask/Face Shield (+) shoe covers and barriers for home visits	Mask and face shield, following protocol
Low Risk COVID-19 Isolation	Respiratory symptoms with low-risk interactions	Droplet/Contact with Face Shield	Face shield or PAPR following protocol
High Risk COVID-19 Isolation	Respiratory symptoms with high-risk interactions*	Airborne/Contact with Face Shield and Long-Cuff Gloves	Face shield or PAPR following protocol

*Aerosol-generating activities may be encountered in home settings

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PPE Use and Conservation Strategy: Myths vs. Our Experience

Myth: Wearing a mask/face shield for all patients will scare them

- **Our Experience: Wearing a mask/face shield for all patients can be reassuring and communicate important messages:**
 - 1) Patients remain our #1 priority during this emergency
 - 2) Health care workers can be infected without showing symptoms
 - 3) Anyone can potentially be infected, reducing stigma

Myth: Wearing a mask/face shield for all patients encourages wasteful use of supplies

- **Our Experience: Practicing re-use of PPE when appropriate encourages a conservation mindset**

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PPE Use and Conservation Strategy: Protocol for Re-Using Mask/Face Shield

- Current universal precautions for patients not on isolation who do not have respiratory symptoms
- One person uses same mask and face shield until it becomes unserviceable
- Face shield protects mask from contamination
- Clean face shield with Cavi wipes
- Let dry for 2 minutes
- Use alcohol wipe to eliminate residual residue
- Store clean mask/face shield in paper bag or hang on hook

See full protocol and FAQs: <https://uconnect.wisc.edu/inside-uw-health/news/2020/march/name-150547-en.news>

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PPE Use and Conservation Strategy: COVID-19 Isolation for Low-Risk Interactions

- Most ambulatory care
- PPE is doffed and discarded per protocol for patients on isolation

Acceptable masks:
Any: Barrier, procedure, surgical, or N-95 (regardless of whether you have been fit tested or not).

Acceptable gowns:
Any: disposable or reusable gowns. Use long-cuffed gloves if gown cuff leaves wrists exposed.

Special Pathogens Precautions:
GOWN and GLOVES required for entry. MASK and FACE SHIELD REQUIRED FOR ENTRY. Clean Hands Before Leaving Room.

Barrier/procedure/surgical masks, and non-fitted N-95s are adequate for lower risk patient care.

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PPE Use and Conservation Strategy: COVID-19 Isolation for High-Risk Interactions

- For aerosol-generating activities
- PPE is doffed and discarded per protocol for patients on isolation

Special Pathogens Precautions:
GOWN and GLOVES required for entry. MASK and FACE SHIELD REQUIRED FOR ENTRY. Clean Hands Before Leaving Room.

Acceptable Respiratory Protection:
• N-95 respirator of the size and type for which you are successfully fit tested, either in the gown or previously.
• PAPR, powered or unpowered, with a HEPA or equivalent high efficiency filter.
• If you have experienced significant weight gain or loss since being fit tested, or if you fit test on the device, use a new fit test (respirator health services).

Acceptable gowns:
Any: disposable or reusable gowns. Use long-cuffed gloves if gown cuff leaves wrists exposed.

Aerosol-generating procedures/therapies include:
• Endotracheal intubation
• Suctioning
• Nebulizer therapy
• Bronchoscopy
• Endotracheal and nasal suction
• High flow oxygen
• CPAP/BiPAP
• Sputum induction
• Non-invasive ventilation

Non-fitted N-95 Respirators: non-fitted adequate for lower risk patient care. Must be fit tested to care for higher risk patients.

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PPE Use and Conservation Strategy: Aerosol-Generating Activities

- CPAP/BiPAP
- Nebulizer therapy
- Oropharyngeal and nasal suctioning
- High flow oxygen (>6 L)
- Intubation/extubation
- Nasogastric tube insertion
- Sputum induction
- Bronchoscopy

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Medicare and Coronavirus: Navigating the New Rules Impacting Home-Based Medical Care

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Coronavirus Preparedness and Response Supplemental Appropriations Act

1135 Telehealth Waiver Under the President's Emergency Declaration:

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
- Telehealth Visits will be paid at the rate of the in-person visit.
- Temporarily eliminates originating and distant site requirements.
- Patients can receive services from their home or any setting of care
- Providers may choose to waive co-pays and deductibles
- HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
- Providers can skip 2019 MIPS Reporting due to COVID-19 Crisis
- Eligible practitioners for telehealth include physicians, advanced practice providers, physician assistants, CRNAs, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals.

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E/M Services Included Under the Waiver

- **Office/Outpatient** CPT code range 99201-99215
- **Transitional Care Management** CPT codes 99495 and 99496
- **Advance Care Planning** CPT codes 99497 and 99498
- **Annual Wellness Visits** HCPCS codes G0438 and G0439
- Administration of caregiver-focused health risk assessment instrument CPT code 96161
- Telehealth consultations **ED or initial inpatient visits** HCPCS code range G0425-G0427
- Follow-up inpatient telehealth consultations in **hospitals or SNF's** HCPCS range G0406-G0408

Medicare Complete Telehealth List: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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Telehealth Billing Requirements

- Requires interactive **audio and video telecommunications system** that permits real-time communication between the provider and the patient at home even under the telehealth waiver.
- U.S. Department of Health and Human Services (HHS), the Office of Civil Rights (OCR) Notification of Enforcement Discretion relaxed HIPAA requirements so that providers may use platforms such as Apple FaceTime, Skype, Zoom, the WhatsApp, etc., as a form of two-way audio and video telecommunications. (Free HIPAA Compliant Option: Doxy.me)
- You CANNOT use public-facing application, e.g.: Facebook Live, Twitch, TikTok
- Submit telehealth claims with Place of Service (02) for telehealth

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Traditional Medicare Modifiers Not Required Except for:

- **GQ** – Telehealth services are furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii
- **GT** – Telehealth services are furnished under CAH Method II (Via interactive audio and video telecommunication systems)
- **G0** – Telehealth services are furnished for the purposes of diagnosis and treatment of an acute stroke

Commercial Payers may require:

- 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system.

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Documentation Requirements

You should document in the same way you would a face-to-face visit.

Still Required:

- Chief Complaint
- HPI
- ROS
- PFSH
- Exam
- Medical Decision Making
- Assessment & Plan should include clinical impression, patient's complexity, and treatment plan for each condition addressed
- Documentation must support medical necessity

Recommended notation of service being furnished via telehealth due to COVID-19 pandemic, obtain and document patient consent and the location of the patient

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CPT E/M Codes for New Office Visits

New Patients: Requires all 3 components per level of service are met or time is met for counseling/ coordination of care visits

New Patient	Typical Time	History	95 Exam	MDM	CMS National Payment
99201	10	Problem Focused (1-3 HPI; N/A ROS & PFSH)	Problem Focused (1 body area or system)	Straight forward	\$46.66 wRVU 0.48
99202	20	Expanded Problem Focused (1-3 HPI, 1 ROS, N/A PFSH)	Expanded Problem Focused (2-7 body area or systems; minimal detail)	Straight forward	\$77.23 wRVU 0.93
99203	30	Detailed (4 HPI or status of 3, 2-9 ROS, 1 PFSH area)	Detailed (2-7 areas/ systems expanded detail)	Low	\$109.35 wRVU 1.42
99204	45	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	Moderate	\$167.09 wRVU 2.43
99205	60	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	High	\$211.12 wRVU 3.17

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CPT E/M Codes for Established Office Visits

Est. Patient	Typical Time	History	95 Exam	MDM	CMS National Payment
99212	10	Problem Focused (1-3 HPI; N/A ROS & PFSH)	Problem Focused (1 body area or system)	Straight Forward	\$46.19 wRVU 0.48
99213	15	Expanded Problem Focused (1-3 HPI, 1 ROS, N/A PFSH)	Expanded Problem Focused (2-7 body area or systems minimal detail)	Low	\$76.15 wRVU 0.97
99214	25	Detailed (4 HPI or status of 3 CC, 2-9 ROS, 1 PFSH area)	Detailed (2-7 areas/ systems expanded detail)	Moderate	\$110.43 wRVU 1.50
99215	40	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	High	\$148.33 wRVU 2.11

Established Patients: Requires 2 out of 3 components per level of service are met or time is met for counseling/ coordination of care visits

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Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial hospital) • G0456-G0458 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth-Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HCC will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2019	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

<https://www.cms.gov/medicare/telehealth/telehealth-fact-sheet>
<https://www.cms.gov/medicare/telehealth/telehealth-fact-sheet>
<https://www.cms.gov/medicare/telehealth/telehealth-fact-sheet>

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Current State Medicaid Waivers

- [Alabama](#)
- [Arizona](#)
- [California](#)
- [Illinois](#)
- [Louisiana](#)
- [Mississippi](#)
- [New Hampshire](#)
- [New Jersey](#)
- [New Mexico](#)
- [North Carolina](#)
- [Virginia](#)

<https://www.cms.gov/About-CMS/Agency-Information/EPRO/Current-Emergencies/Current-Emergencies-page>

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Resources for Additional Information

- <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>
- <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>
- <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>
- <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>
- <https://www.medicare.gov/state-resource-center/downloads/covid-19-faqs.pdf>
- <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

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Special Concerns for Home-Based Programs & Providers in the Era of COVID-19

Moderated by: Paul Chiang, MD
Medical Director, HomeCare Physicians
Senior Medical and Practice Advisor, HCCI

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Special Concerns

- Telemedicine and Older Adults
- Use of Risk Stratification to Schedule Future Visits
- Supply Shortage
- Determining When to Limit Patient's Contact with Other Providers (e.g., mobile lab, home health, PT/OT)
- Support for Caregivers (e.g., PPE, other supplies) when Patient is Quarantined
- Workforce Exhaustion and Burnout



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Special Concerns (cont'd)

- Fiscal Impact of Doing Fewer In-Person Visits (reduced bottom line)
- Difficulty Treating Patients Who Need a Visit (e.g., wound care, critical, palliative)
- Interpreting Medicare Rules Correctly (so as not to trigger an audit)
- Short-term Modifications in Outreach, Patient Education and Counseling



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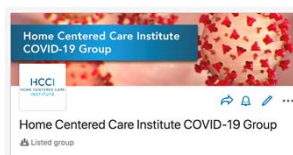
Questions



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Become Part of the Community

Join the "Home Centered Care Institute COVID-19 Group" on LinkedIn



Direct Group URL: <https://www.linkedin.com/groups/12383537/>

For questions about the group, please contact Betsy Innocenti, Manager of Provider Engagement, HCCI, at binnocenti@hccinstitute.org or 224-465-8371.



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Additional Resources



<https://www.hccinstitute.org/about/covid-19-information-hub/>



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Free Online Course from HCCI

[Infection Control in Home-Based Primary Care](#)

Now available at no cost through June 30, 2020.

The course helps providers and practices identify the risks associated with home-based care and review strategies that can be implemented before, during, and after a home visit to minimize the risk of infection.



<https://www.hccinstitute.org/solutions/train/course-offerings/>



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HCCIntelligence™ Resource Center

Free Technical Assistance:



Hotline
Call 630.283.9222 or
email Help@HCCInstitute.org
9:00 am–5:00 pm (CST)
Monday through Friday



Webinars
Every third Wednesday
of the month, HCCI hosts a
webinar on topics relevant
to HBPC.



Virtual Office Hours
Immediately following the
monthly webinar, HCCI hosts
Virtual Office Hours where
experts address questions
on any HBPC topic.



Tools & Tip Sheets
Downloadable tools,
tip sheets, sample forms
and how-to guides on a
variety of HBPC topics.

HCCIntelligence™ is for educational and informational purposes only and should not be relied upon as medical advice.

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**What's Next for Home Care
Medicine in the Era of COVID-19?**

Join us for our next scheduled
HCCIntelligence™ Webinar:

COVID-19 Update
Presented in collaboration with the
American Academy of Home Care Medicine

Wednesday, April 15
4:00 – 5:00 pm CST

[Register Now](#) via the HCCIntelligence™ page at
www.HCCInstitute.org.

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