

Responding to COVID-19— 8 Steps for Hospitals to Protect Patients, Employees, and Communities

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—From a declaration of the American Bar Association.

Coronavirus Disease 2019 (COVID-19) is creating worldwide concern as the number of cases continues to increase both abroad and in the United States. Transmission-related fears continue to grow. Hospitals and health care providers must ensure they are taking steps to protect their patients and employees, as well as the communities they serve. It is important to understand that pandemics can happen and how to prepare. The following is a toolkit for hospitals and others to use to respond to the coronavirus, based on the legal and accreditation requirements and recommendations that should guide hospital decisions and preparedness activities. ***We will update this toolkit as information becomes available—please check back periodically for updates.***

Step 1: Continue to Assess Preparedness

As part of a hospital's response, it must continue to prepare. The Centers for Disease Control and Prevention (CDC) recommendation is that all hospitals prepare for patients with confirmed or suspected COVID-19. Similarly, the Centers for Medicare & Medicaid Services (CMS) issued a memorandum urging hospitals to review CDC's guidance and their own infection prevention and control policies and practices to prevent the spread of infection, and reminded hospitals of their requirement to maintain an emergency preparedness plan as a condition of participation in Medicare. The CDC created an assessment tool for hospitals to use for these elements of preparedness for COVID-19:

- Infection prevention and control policies and training for health care personnel (HCP)
- Process to rapidly identify and isolate patients with confirmed or suspected COVID-19
- Patient placement
- Transmission-based precautions
- Movement of patients with confirmed or suspected COVID-19 within the facility
- Hand hygiene
- Environmental cleaning
- Monitoring and managing HCP
- Visitor access and movement within the facility
- Regularly monitoring the situation on COVID-19 at www.cdc.gov/COVID19

Hospitals should assess their preparedness in accordance with these elements. CMS provided several resources, including online courses, developed in conjunction with the CDC and focusing on infection control.

A key part of all preparedness is training. Part of this training and education is needed now to be prepared. Hospitals should review their disaster preparedness plans and conduct drills. Hospitals should consult up-to-date governmental and accreditation resources to assist with the development of training materials. In addition, The Joint Commission recently issued a bulletin that reminds hospitals that they are required to have a plan for managing a surge in infectious patients and recommends that now might be a good time for hospitals to conduct drills to test their procedures.

Step 2: Properly Screen and Identify Patients for COVID-19

Patients who arrive at hospitals seeking treatment have to be screened. At the same time, hospitals must manage the screening process both for compliance with applicable anti-dumping laws and public health standards during outbreaks.

- Follow infection control processes prior to arrival of a patient
 - ✓ When scheduling appointments, instruct patients and people who accompany them to call ahead or inform HCP on arrival if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever).
 - ✓ Take appropriate preventive actions (e.g., wear a facemask upon entry to contain cough, follow triage procedures).
 - ✓ If a patient is arriving via transport by emergency medical services (EMS), the driver should contact the receiving emergency department (ED) or health care facility and follow previously agreed-upon local or regional transport protocols. This will allow the health care facility to prepare to receive the patient.
- Follow up-to-date CDC screening guidelines at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.
- Conduct an appropriate medical screening examination under the Emergency Medical Treatment and Labor Act (EMTALA) of all individuals who come to the ED, including individuals who are suspected of having been exposed to the disease.
- Comply consistently with EMTALA requirements for individuals with possible COVID-19 symptoms, as well as all other possible emergency medical conditions.
- Identify at-risk patients before or immediately upon arrival at the facility.
- Ensure hospital has a separate, well-ventilated space that allows waiting patients to be separated by six or more feet, with easy access to respiratory hygiene and cough etiquette supplies.
- Provide a mask to and isolate such patients in an airborne infection isolation room (AIIR), if available, and provide supplies for respiratory hygiene and cough etiquette.
 - ✓ Facilities should keep a log of all people who care for or enter the rooms or care area of these patients.
 - ✓ Only essential personnel should enter the room. Implement staffing policies to minimize the number of HCP who enter the room.
 - ✓ Personnel entering the room should use personal protective equipment (PPE), including respiratory protection.
 - ✓ Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs). If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.
- Make alcohol-based hand sanitizer for hand hygiene available at each entrance and in common areas of the hospital.
- Provide tissues and no-touch receptacles for disposal of tissues in waiting rooms and common areas of the hospital.

- Confirm there is a process to ensure that patients with confirmed or suspected COVID-19 are rapidly moved to an AIIR.
- Ensure triage personnel are trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect cases.
- Confirm that the hospital has a process for after a suspect case is identified to include immediate notification of hospital leadership/infection control.
- Make sure the hospital has a process to notify the local or state health department of a suspect case soon after arrival of suspect or confirmed cases.
- Ensure the hospital has a process for receiving suspect cases arriving by ambulance.
- Post proper signage that does not violate EMTALA.
- Follow proper transfer requirements under EMTALA and state law after screenings.

Step 3: Care for Infected Patients

Hospitals should begin preparing to care for infected patients, including identifying spaces in the hospital to care for such patients, supply needs, and visitor access.

- Follow proper ***infectious disease protocols***, such as:
 - ✓ Know the symptoms of infection.
 - ✓ Collect a specimen safely.
 - ✓ Correctly use PPE.
 - ✓ Have triage procedures, including patient placement.
 - ✓ Follow sick-leave policies and recommended actions for unprotected exposures.
 - ✓ Know how and to whom COVID-19 cases should be reported.
 - ✓ Separate patients with COVID-19 symptoms from those needing other types of care. (Note: The CDC recommends that patients with symptoms or other respiratory infection not wait among other patients seeking care.)
- If possible, identify a ***separate, well-ventilated space*** that allows waiting patients to be separated by six or more feet and have access to respiratory hygiene supplies.
- Practice ***good hand hygiene***.
 - ✓ Hand-hygiene supplies, including alcohol-based hand sanitizer, should be readily accessible in patient care areas, including where HCP remove PPE.
 - ✓ The hospital should have a process for auditing adherence to recommended hand-hygiene practices by HCP.
 - ✓ Health care facilities should ensure that hand-hygiene supplies are readily available in every care location, not just patient care areas.
- Ensure ***proper environmental cleaning***.
 - ✓ Properly clean and disinfect environmental surfaces and equipment in the patient room.
 - ✓ Train environmental services personnel and fit-test.
 - ✓ Ensure all HCP with cleaning responsibilities understand the contact time for selected products.

- ✓ Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to manufacturer's recommendations.
- ✓ Uses an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant with EPA-approved emerging viral pathogens claims on hard, nonporous surfaces. If EPA-registered products that have an approved emerging viral pathogen claim for COVID-19 are not available, products with label claims against human coronavirus should be used according to label instructions.
- ✓ Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Ensure the **proper supplies** are used.
 - ✓ Review CDC information and review appropriate PPE use and availability (e.g., gloves, gowns, respiratory protections, eye protections).
 - ✓ Employ routine practices that are currently required under The Joint Commission standards and CMS guidance with respect to preventing the transmission of communicable diseases to decrease the risk of transmission.
 - ✓ Use and discard gloves, gowns, eye protections, and other protections as recommended, including changing if torn or heavily contaminated; remove and discard when leaving the patient room or care area; and immediately perform hand hygiene.
- Consider designing and installing **engineering controls** to reduce or eliminate exposures by shielding HCP and other patients from infected individuals, including:
 - ✓ Physical barriers or partitions to guide patients through triage areas,
 - ✓ Curtains between patients in shared areas,
 - ✓ Closed suctioning systems for airway suctioning for intubated patients, and/or
 - ✓ Appropriate air-handling systems (e.g., with appropriate directionality, filtration, exchange rate) that are properly installed and maintained.
- Evaluate **patient placement**.
 - ✓ Confirm the number and location of AIIRs available in the facility (ideally, AIIRs will be available in the emergency department or on inpatient units).
 - ✓ Document that each AIIR has been tested and is effective within the last month. The AIIR should be checked for negative pressure before occupancy.
 - ✓ Verify that each AIIR meets certain criteria for air pressure, flow, and circulation.
 - ✓ Establish a protocol that specifies that aerosol-generating procedures likely to induce coughing are to be performed in an AIIR using appropriate PPE.
 - ✓ Have plans to minimize the number of HCP who enter the room, and that only essential personnel enter the room. Hospitals should consider caring for these patients with a dedicated team of HCP.
 - ✓ Have a process for documenting HCP entering and exiting the patient room.
 - ✓ Have policies for dedicating noncritical patient-care equipment to the patient.
 - ✓ Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs).

- ✓ If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.
- Consider how **patients move** in the facility.
 - ✓ Patient movement outside of the AIIR will be limited to medically essential purposes.
 - ✓ A protocol must be in place to ensure that, if the patient is being transported outside the room, HCP in the receiving area are notified in advance.
 - ✓ Any patient transported outside of their AIIR will be asked to wear a facemask and be covered with a clean sheet during transport.
- Develop a plan for **visitor access** and movement within the hospital, including review of visitor policies.
 - ✓ Restrict visitation to rooms of confirmed or suspected COVID-19 patients.
 - ✓ Provide for alternative mechanisms for interaction between visitors and patients, such as video-call applications or tablets.
 - ✓ Include exceptions based on end-of-life situations or when a visitor is essential for the patient's emotional well-being and care.
 - ✓ Define the PPE to be used by visitors and instruct visitors about topics such as hand hygiene, limiting surfaces touched, and use of PPE; maintain a record of visitors who enter and exit the room, and ensure that visitors limit their movement within the hospital.
 - ✓ Schedule visits to patients with COVID-19 and control visits to allow for screening visitors for symptoms before they enter the hospital and evaluating the risk of visitors' health and their ability to comply with precautions.
 - ✓ Direct exposed visitors to report any symptoms for a period of at least 14 days after the last known exposure to the sick patient.
 - ✓ Inform patients of their visitation rights and any restrictions or limitations.
- Assess the suitability of the residential setting for **home care** and stability of the patient.
 - ✓ The patient is stable enough to receive care at home.
 - ✓ Appropriate caregivers are available at home.
 - ✓ There is a separate bedroom where the patient can recover without sharing immediate space with others.
 - ✓ Resources for access to food and other necessities are available.
 - ✓ The patient and other household members have access to appropriate, recommended PPE (at a minimum, gloves and facemasks) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).
 - ✓ Know whether there are household members who may be at increased risk of complications from COVID-19 infection (e.g., people 65 years old or older; young children; pregnant women; people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

Step 4: Report to Public Health Officials

Reporting confirmed cases is a critical component of public health efforts. The Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services issued a bulletin about Health Insurance Portability and Accountability Act (HIPAA) privacy standards (Privacy Rule) and COVID-19.

- Designate specific people in the health care facility who are responsible for communication with public health officials and dissemination of information to HCP.
- Promptly alert key facility staff, including infection control, health care epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected COVID-19 patients (i.e., persons under investigation (PUI)).
- Do not forget to notify infection control personnel at the facility.
- Report to your state or local health department if a patient is classified as a COVID-19 PUI.
- Know that state health departments that have identified a PUI or laboratory-confirmed case will complete a form for submission to the CDC at <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>.
- Disclose as permitted by the Privacy Rule, at the direction of a public health authority, to a foreign government agency that is acting in collaboration with the public health authority.
- Disclose as permitted by the Privacy Rule, including to people at risk of contracting or spreading a disease or condition, if other law authorizes the covered entity to notify such people.
- Continue to comply with the minimum necessary standard of the Privacy Rule.
- Rely on the CDC's representations that the protected health information (PHI) requested by the CDC about patients exposed to or suspected or confirmed to have COVID-19 is the minimum necessary for the public health purpose.

Step 5: Protect and Manage Hospital Employees

A hospital's employees, HCP, and staff are key when preparing, screening, and caring for patients during an outbreak and preventing further infection if possible. Hospitals should be aware of the roles employees play and their duties and obligations to employees under the law. CDC recommends that hospitals ensure that staff is trained, equipped, and capable of practices needed to:

- Prevent the spread** of COVID-19 within the facility, as follows:
 - ✓ Promptly identify and isolate patients with possible COVID-19 and inform the correct staff and authorities.
 - ✓ Care for a limited number of patients with confirmed or suspected COVID-19.
 - ✓ Potentially care for a larger number of patients in the context of an outbreak.
 - ✓ Monitor and manage HCP who might be exposed to COVID-19.

- ✓ Communicate effectively within the facility and have appropriate external communications related to COVID-19.
- **Monitor and manage** HCP.
 - ✓ Follow the local/state public health authority's policies and procedures for monitoring and managing HCP with potential for exposure to COVID-19, including ensuring that HCP have ready access, including via telephone, to medical consultation.
 - ✓ Have a process to track exposures and conduct active- and/or self-monitoring of HCP if required by public health.
 - ✓ Have a process to conduct symptom and temperature checks before the start of any shift of asymptomatic, exposed HCP who are not work-restricted.
 - ✓ Consider restricting visitor access and movement within the facility.
 - ✓ Health care providers who have signs and symptoms of respiratory infections should not report to work.
 - ✓ Any staff who develop signs and symptoms of a respiratory infection on the job should:
 - Immediately stop work, put on a facemask, and self-isolate at home;
 - Inform the facility's infection preventionist and include information about individuals, equipment, and locations the person had contact with; and
 - Follow the local health department's recommendations for next steps.
 - ✓ Facilities should refer to CDC guidance for exposure that might warrant restricting asymptomatic health care personnel from reporting to work.
- Review and update exposure control plans (ECPs) to ensure that ECPs cover the following either directly or by reference:
 - ✓ Respiratory protection plan
 - ✓ PPE plan
 - ✓ Bloodborne pathogen (BBP) plan
 - ✓ Disaster response plan

These plans should be reviewed by a cross-disciplinary team, including, but not limited to, infection control, environmental services, security, human resources, patient relations, and communications/media relations, with both management and employee participation. These plans should include but are not limited to items such as:

- ✓ The basic procedures that are followed for all aerosol transmissible diseases (ATDs) (such as, coughing/sneezing protocols, handwashing protocols, decontamination procedures) and BBPs, as well as separate sections or attachments covering specific procedures for reasonably anticipated specific ATDs and BBPs.
- ✓ A list of all job classifications in which employees have occupational exposure, typically with reference to specific tasks and work areas where exposures can be reasonably anticipated.
- ✓ A list of all engineering and work practice controls and procedures used to minimize exposure and how they are implemented.
- ✓ A detailed list of PPE requirements, including, but not limited to, respiratory protection by task, location, job classification, and/or procedure.

- ✓ A description of medical screening and medical services provided to employees, including vaccination policies (since vaccination policies have become such a hot button issue in some communities, this is discussed in more detail below).
- ✓ A list of the specific control measures used for each operation or work area, including applicable engineering and work practice controls, cleaning and decontamination procedures, and PPE.
- ✓ A list of all assignments or tasks requiring personal or respiratory protection.
- ✓ How to identify, isolate, and transfer suspect or actual ATD cases and procedures for eliminating exposure and detailed procedures to follow in the event of an exposure incident.
- ✓ Procedures to:
 - Evaluate exposures, determine causation, and collect information to prevent future exposures.
 - Implement initial and annual training in the prevention and control of ATDs and BBPs and a description of or reference to the training specifically provided.
 - Encourage employee involvement in updating the plan.
 - Special procedures for facilities that are expected to receive persons arriving from a “surge” event.
- Prevent **supply shortages**.
 - ✓ Review supply chain arrangements to ensure proper supplies are available for employee safety.
 - ✓ Ensure fit-testing requirements are met.
- **Telecommute/essential personnel**. During an outbreak, employees may be asked to stay home to stop the spread of the disease. In health care, certain employees are needed to care for patients and are critical to a pandemic outbreak.
 - ✓ Determine who is essential to be onsite.
 - ✓ Define by position who can or should work remotely during an outbreak.
 - ✓ Determine a plan for when essential personnel fail to report to work.
- Resolve **other employment issues**. An outbreak will implicate other employment laws. Review laws and company policies related to the following to ensure compliance, including:
 - ✓ Anti-discrimination laws
 - ✓ Privacy laws
 - ✓ PHI under the Privacy Rule
 - ✓ Wage and hour laws
 - ✓ Workers’ compensation laws
 - ✓ Collective bargaining obligations
 - ✓ Occupational Safety and Health Administration (OSHA) regulations

Step 6: Develop or Review Vaccination Policies

Currently, there is no vaccine for COVID-19, and scientists are racing to develop a vaccine. During the 2009 H1N1 (swine flu) outbreak, a vaccine was developed and later incorporated into annual seasonal flu shots. In anticipation of the potential for a new vaccine and seasonal flu levels, hospitals should consider the following with respect to the development and/or review of vaccination policies:

- Consider whether to require employees to be vaccinated from highly communicable illnesses, such as COVID-19, if and when developed.
- If a new vaccine is developed, consider who should receive it first among the hospital's employees, medical staff members, and the community, and document these decisions before the need arises.
- Consider the position if employees and/or medical staff members refuse vaccination during a pandemic.
- Consult state laws and reporting obligations regarding vaccinations.
- Determine which vaccines for highly communicable illnesses, such as COVID-19, if and when developed, will be provided.
- When drafting or reviewing a vaccination policy, consider including provisions that exclude two classes of workers: those with a health condition that could be compromised by the vaccine and those who object to the vaccine on religious grounds. Hospitals should review the current laws regarding these potential exemptions as part of their consideration.
- If a hospital determines it will adopt and enforce a mandatory vaccination policy for employees, it must next determine the consequences for an employee's noncompliance. For example, will there be corrective action or termination for failing to vaccinate within the recommended timeframe for that year's flu vaccine? Hospitals should also consider potential legal risks of these actions before implementation.
- In drafting or reviewing a vaccination policy, keep in mind who will be required to be given the vaccine and prioritization during a shortage. Each group of individuals comes with its own set of legal and operational issues. Careful consideration of the scope of the policy before implementation can avoid legal issues down the road. In assessing how far-reaching a hospital's policy should be, it is important to also consider the financial and administrative costs associated with a broad policy.
- Consider current and potential union involvement, and the union position on developing and implementing a vaccination policy, including consulting any union contracts. Several unions that include health care worker membership have taken a clear stance on the issue. Hospitals should carefully review any collective bargaining agreements before implementing a policy and pay particular attention to its management rights provisions.
- Consistency is key to avoiding discrimination and civil liberty claims. Practical issues such as vaccine shortage must be addressed in any policy.
- If the vaccination policy is implemented and enforced by committee, the composition of the committee should be carefully considered.

- ❑ If employees are granted exemptions within the scope of the vaccination policy, the hospital's treatment of these employees must not be retaliatory or punitive.
- ❑ Educate staff and patients on vaccination policy and policy rationale.

Step 7: Manage Communications

Special communication plans are critical during a crisis such as a pandemic. Widespread fears can lead to misinformation or failure to seek treatment. How can hospitals address communication issues without creating panic in the public and while following patient privacy laws, such as HIPAA?

- ❑ Give **notice to family members**.
 - ✓ Alert family members identified by the patient as involved in the patient's care after giving the patient an opportunity to opt out of such disclosure consistent with the Privacy Rule.
- ❑ Carefully determine a response to media inquiries, if any.
 - ✓ Under HIPAA, a covered entity and its business associates may not release information to the media unless the requestor of information asks for the patient by name, and not beyond information in a facility directory if a patient has not opted out of being listed in the directory.
 - ✓ Media responses should be consistent with a hospital's HIPAA-compliant policies and procedures.
 - ✓ Even if a patient shares a story regarding the hospital, the hospital's response, if any, should be limited and cannot include the patient's protected PHI as defined by HIPAA.
- ❑ Communicate with employees and medical staff.
 - ✓ Communicate exposures under OSHA.
 - ✓ Help to dispel fears and aid in ensuring the safety of patients, employees, medical staff members, and the community.
 - ✓ Continue to limit access to a patient's PHI to those employees and medical staff members who need the information to carry out their duties.
- ❑ Consider your employee's social media posts.
 - ✓ Review Section 7 of the National Labor Relations Act, which guarantees employees the right to engage in concerted activities for mutual aid or protection, including raising concerns about working conditions such as health and safety issues related to outbreaks and related case law on social media.
 - ✓ Know that Section 7 can extend to social media posts employees make concerning these health and safety issues.
 - ✓ Responses to such posts should be consistent with hospitals' policies and procedures relating to social media, if any.

Step 8: Properly Bill Medicare

Medicare provides providers guidance regarding COVID-19 related billing and payments including the following areas of billing:

- Ensure **laboratories** bill correctly for testing.
 - ✓ Medicare Part B typically covers medically necessary clinical diagnostic laboratory tests ordered by a health care provider, which are not generally subject to coinsurance or deductible, and medical necessary imaging tests, such as CT scans, as needed for treatment purposes for lung infections, which are subject to coinsurance and deductible.
 - ✓ A new Healthcare Common Procedure Coding System (HCPCS) code (U0001) has been developed for health care providers and laboratories to bill for laboratory testing of patients for COVID-19 using the CDC's diagnostic testing panel. A second HCPCS code (U0002) has also been developed to bill for COVID-19 testing using other techniques. The Medicare claims processing system will be able to accept these codes on April 1, 2020, for dates of service on or after February 4, 2020.
- Fee-for-Service Medicare
 - ✓ **Inpatient Hospital Stays.** Medicare Part A covers medically necessary *inpatient hospital care*, which may be subject to coinsurance and deductible.
 - ✓ **Inpatient Quarantines.** There may be Medicare beneficiaries with COVID-19 who do not need acute patient care but need to be quarantined in a hospital private room. Hospitals with both private and semiprivate rooms may not charge patients a differential for a private room if the private room is medically necessary. Patients who are otherwise ready for discharge and remain in the hospital under quarantine do not have to pay an additional deductible. If a beneficiary is a hospital inpatient for medically necessary care, Medicare will pay the diagnosis-related group (DRG) rate and any cost outliers for the entire stay, including quarantine. The DRG rate and any cost outliers include the payment for when a patient needs to be isolated or quarantined in a private room.
 - ✓ **Ambulatory Settings.** Medicare Part B covers medically necessary ambulatory services, including doctors' services, hospital outpatient department services, home health services, durable medical equipment, mental health services, and other medical services, which are generally subject to coinsurance and deductible.
 - ✓ **Prescriptions.** When considering whether to pay for more than a 30-day supply of Part B drugs, Medicare and its contractors will consider each request on a case-by-case basis and make decisions locally. In general, local Medicare contractors will take into account the nature of the drug, patient's diagnosis, extent and likely duration of disruptions to the drug supply chain during an emergency, and other relevant factors to determine whether an extended supply of the drug was reasonable and necessary.

- ✓ **Vaccinations.** Medicare Part B pays for certain preventive vaccines. (coinsurance and deductible do not apply). Medicare Part B pays for other vaccines directly related to medically necessary treatment of an injury or direct exposure to a disease or condition (subject to coinsurance and deductible).
 - ✓ **Ambulance Services.** Medicare covers ground ambulance transportation when beneficiaries must be transported to a hospital, critical access hospital, or skilled nursing facility for medically necessary services when transportation in any other vehicle could endanger the beneficiary's health. A ground ambulance may temporarily stop at a doctor's office without affecting the coverage status of the transport. Medicare may pay for an airplane or helicopter ambulance to a hospital if the beneficiary needs immediate and rapid ambulance transportation that a ground ambulance cannot provide. Should the nearest appropriate facility be unavailable during an emergency, Medicare may pay for transportation to another facility as long as it is the nearest facility available and equipped to provide the necessary care. In some cases, Medicare may pay for limited, medically necessary, nonemergency ambulance transportation upon a doctor's order stating that it is medically necessary. Medicare pays for ambulance transports under its Ambulance Fee Schedule, and coinsurance and deductible would apply.
 - ✓ **Telehealth.** Medicare pays for "virtual check-ins" for patients to connect with their doctors and certain other practitioners with whom the patient has an established relationship, where the communication is not related to a medical visit within the prior seven days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). Medicare also pays for patients to communicate with their doctors through online patient portals, over a seven-day period. These communications must be initiated by the patient, although practitioners may educate beneficiaries on the availability of the service. In addition, beneficiaries in rural areas may use communication technology to have full visits with their physicians, provided these occur at telehealth originating sites and meet other requirements. Medicare can also pay doctors for certain non-face-to-face care management services and remote patient monitoring services. All such telehealth services are subject to coinsurance and deductible.
- **Medicare Advantage**
- ✓ Medicare Advantage (MA) is an alternative to Original Medicare. MA plans cover Medicare Part A and Part B services and usually prescription drugs covered under Part D. MA plans must cover all medically necessary Part A and Part B services covered under Original Medicare. MA plans can also cover items and services beyond those covered by Original Medicare.
 - ✓ MA plan enrollees are protected from "surprise billing," which is when an enrollee receives unexpected bills from out-of-network providers. When MA enrollees obtain plan-covered services in an HMO, PPO, or Regional PPO, they may not be charged or held liable for more than plan-allowed cost sharing.

- ✓ CMS advises MA organizations that they may waive or reduce enrollee cost-sharing for COVID-19 laboratory tests effective immediately, provided they do so on a uniform basis. CMS consulted with the Office of Inspector General (OIG) and OIG advised that should an MA organization choose to voluntarily waive or reduce enrollee cost-sharing for COVID-19 laboratory tests, such waivers or reductions would satisfy the safe harbor to the federal anti-kickback statute set forth at 42 C.F.R. § 1001.952(l).
- ✓ **Telehealth.** MA plans may provide enrollees with access to Part B services via telehealth in any geographic area and from a variety of places, including a beneficiary's home. Therefore, it is possible that MA enrollees can receive clinically appropriate services for COVID-19 treatment via telehealth.
- ✓ **Prescriptions.** Part D Sponsors that offer prescription drug coverage must provide a standard level of coverage to ensure beneficiaries have adequate access to Part D drugs. Many sponsors offer plans with different levels of coverage that may exceed minimum CMS requirements.
- ✓ **Vaccines.** Under current law, once a vaccine becomes available for COVID-19, Medicare will cover the vaccine under Part D. All Part D plans will be required to cover the vaccine.
- ✓ **Prior Authorizations.** MA organizations and Part D Sponsors may choose to waive plan prior authorization requirements that otherwise would apply to tests or services related to COVID-19.

Conclusion

We are not certain of the impact that the current COVID-19 or future pandemic outbreaks will have on hospitals and health care providers in the United States. Understanding the proper response will be critical to public health efforts. As we wait to see the outcome of this coronavirus, hospitals should begin preparedness activities and respond consistent with guidelines. These activities should be guided by up-to-date and compliant policies and procedures; timely training, education, and drills; and current public health information. Being prepared can save lives.

Helpful Resources

- *Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)*, Department of Health & Human Services, Centers for Medicare & Medicaid Services, March 7, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.
- *Coverage and Payment Related to COVID-19 Medicare*, Department of Health & Human Services, Centers for Medicare & Medicaid Services, March 5, 2020, <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>.
- *CMS Announces Actions to Address Spread of Coronavirus*, Department of Health & Human Services, Centers for Medicare & Medicaid Services, March 4,

2020, <https://www.cms.gov/newsroom/press-releases/cms-announces-actions-address-spread-coronavirus>.

- *Suspension of Survey Activities*, Ref: QSO-20-12-All, Department of Health & Human Services, Centers for Medicare & Medicaid Services, March 4, 2020, <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities>.
- *Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge*, Ref: QSO-20-13-Hospitals, Department of Health & Human Services, Centers for Medicare & Medicaid Services, March 4, 2020, <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-covid-19-faqs-and>.
- *Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)*, Ref: QSO 20-09-ALL, Department of Health & Human Services, Centers for Medicare & Medicaid Services, February 6, 2020, <https://www.cms.gov/files/document/qso-20-09-all.pdf>.
- *Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool*, Centers for Disease Control and Preparedness, www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf.
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