



# COVID-19 Medical Practice Reopening Checklist



## Key items to address



- Ensure practice's state and locality [meet gating criteria](#) for proceeding to first stage of phased reopening
  - Consider a phased opening (e.g., half normal capacity at first) based on patient demand, staffing and supplies
- Determine the services you will be able to perform safely within the clinic, as well as those that will be handled via telehealth (where applicable)
- Determine necessity of care based on clinical needs
- Determine priorities for surgical/procedural care and high-complexity chronic disease management
- Determine supply chain for PPE and cleaning supplies availability.

## What employees should expect

- Physical distancing will continue, adhering as best as possible to CMS social distancing guidelines
- Wearing masks in the office and in the presence of patients
- Regular and frequent cleaning of all surfaces beyond what typically occurred prior to pandemic

## Additional considerations

- Produce and share educational information for patients about the transition
- Update your EHR for new codes and billing updates based on COVID-19 rules
- Ensure coding and billing staff receive education on new/updated rules under COVID-19
- Consider outsourcing billing or other services as needed
- Establish exceptions/special considerations for high-risk patients
- See patients with acute illnesses on specific days/times if they must be seen in person (late in the day is best)

- Review patient schedule to ensure social distancing in the waiting area and throughout the practice facility



**Remember: Being open does not mean you will be as busy initially as you were before.**

## Financial management

- Ensure necessary funding/capital is available
- Pay back deferments (know the terms of the agreement and negotiate as needed)
  - Rent
  - Utilities
  - Vendors
  - CMS or other payer "advances"
  - Tapped lines of credit
- Review SBA 7(a) PPP loan (unforgivable portion)
  - Percentage and terms while building financial forecast
  - Reporting requirements and deadlines for federal funds
- Resume collections activity
  - Review processes on write-offs due to shifting payer mix/patients who are unemployed/uninsured
- Determine how you will accept patient payments — in terms of amount (e.g., payment plans) and location (in-person versus online/portal)
- Share volume forecasts and staffing with ancillary practices/divisions so they are aware and can ramp up accordingly
- Calculate/forecast a revised budget
  - Anticipated volume
  - Historical collection ratios
  - Payback of deferments owed
  - **Tip:** *Treat each location as its own business with a P&L, as individual locations may be affected differently*
- Review prior pro forma based on pre-COVID-19 assumptions
  - Adjust based on newly projected ramp-up volumes
  - Adjust practice expenses as it will take time to bring in revenue
  - Determine whether to keep all locations open (if applicable)



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- Evaluate provider compensation
  - How will you address those on productivity-based compensation model?
  - How will you handle at-risk shareholders?
  - How will you manage early retirement discussions?
    - How will you handle buyouts or termination with or without cause? Check your bylaws and contracts.
- Telecommuting
  - Determine which staff can work from home following practice reopening
  - [Ensure remote workstations are secured](#)
  - Monitor performance of remote staff regularly
- On-site personnel
  - Consider placing them on rotating teams
    - Ensures continuity if one person is ill

## Human resources management

- Workforce
  - Determine whether compensation reductions are necessary
  - Assess when and how furloughed staff return, based on ramp-up projections
  - Consider layoffs of unnecessary personnel, as applicable
  - Review use of providers across state lines for licensure issues
- Physical space
  - Determine and update physical spacing of employee areas — workstations, break room, etc. — to promote better distancing
- Staff testing
  - Consider implementing a [temperature-check policy](#)
    - Communicate new policy before staff/providers return to work

- At-risk personnel
  - Review federal guidance on staff who may be at higher risk for COVID-19 (>60 years and/or underlying health issues)
  - Check ADA guidelines and with HR team for any reasonable accommodations
- Symptomatic staff and non-symptomatic staff with COVID-19 positive test
  - Assess how to handle situation
    - Review Department of Labor laws around COVID-19
    - Follow [CDC return-to-work guidelines](#)
  - Plan for [absences and alternative coverage](#)
  - Know the local reporting guidelines for COVID-19 positive cases

## Operational management

- Update your crisis management and communication plans
- [Optimize supply of PPE and know how to conserve](#)
- Make volume assumptions regarding staffing
- Prepare waiting room (physical separation)
  - Make sure masks, tissue, hand sanitizer are available
  - Add barriers such as plexiglass between staff and patients if possible
- Evaluate sanitization/sterilization processes
  - Techniques
  - Time between visits/cases
- Maintain equipment
- Order supplies and equipment
  - Based on volume predictions

### Further resources on temperature-check policies for employees:

[Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers](#)

[Best Practices When Implementing a Program for Taking Employee Temperatures During the COVID-19 Pandemic](#)

[Employee Privacy Forecast: Temperature Checks Q&A](#)

[Sample Policy: Guidance on Healthcare Worker Self-Monitoring and Work Restriction from the New York City Department of Health and Mental Hygiene](#)



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- Review scheduling blocks
  - Allow for distancing and cleaning between
  - Stagger shifts/hours
    - Evenings
    - Weekends
- Evaluate telehealth procedures
  - How will you determine who should be seen in office vs. virtually?
    - [Sample phone script and care advice messaging](#)
  - How will you integrate telehealth in conjunction with in-person visits?
- Consider drug shortages
  - Check with suppliers for potential shortages
    - For example, ventilator drugs such as propofol, fentanyl, etc. — if you cannot obtain them, how will this affect your projected volume?
  - Establish a plan for drugs that may be unavailable or difficult to obtain
- Appraise screening/testing of patients
  - Temperature checks prior to being seen (follow CDC guidance)
  - Pre-visit health assessments by telephone
- Consider whether practice will perform COVID-19 testing/orders based on testing availability
- Review local health department reporting guidelines for COVID-19 cases
- Set aside isolated area considered non-COVID-19 care zone/space to see patients without COVID-19 symptoms
  - Make sure staff in COVID-19 care and non-COVID-19 care areas don't come in contact with each other
  - Make sure protocols are in place for staff if moving between COVID-19 and non-COVID-19 areas
- Update [patient education material](#) regarding COVID-19
- Determine how you will handle visitors
  - Limit or prohibit unless necessary for an aspect of patient care
  - Pre-screen same way as with patients (look for temperature and symptoms)

**If you are re-opening a surgical practice please reference the following sources:**



[Guidance for triage of non-emergent surgical procedures](#)

[Local resumption of elective surgery guidance](#)

[Joint Statement: Roadmap for resuming elective surgery after COVID-19 pandemic](#)

[COVID-19: Recommendations for management of elective surgical procedures](#)

[COVID-19: Elective case triage guidelines for surgical care](#)

## Additional resources

- [MGMA COVID-19 Action Center](#) — Regulatory and legislative updates from MGMA Government Affairs
- [MGMA COVID-19 Resource Center](#) — Operational tools and resources, webinars and more on responding to COVID-19