



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

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](#)

- 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



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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