



CATALYST COVID-19 STRATEGY

This is an evolving health alert and protocols will be continually updated

Updated: March 6, 2020

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How WE can help!

In an effort to assist you and your patients, Catalyst is providing you with some additional resources:

Coronavirus 24 Hour Patient Hotline – (214) 964-0319

- Beginning Tuesday March 10th patients can access a 24-hour hotline dedicated to addressing patient concerns:
 - Afterhours patient triage
 - Addressing questions from the worried well and those experiencing stress, anxiety and sleep issues related to coronavirus
 - Managing your overflow of triage calls during working hours

Providing information and reassurance for your patients during working hours

The hotline will be nurse-staffed. In the event a patient needs to, or requests to speak with a physician, patients will be forwarded to a bank of volunteer Catalyst providers.

*****IF YOU ARE INTERESTED IN VOLUNTEERING TO SUPPORT YOUR COMMUNITY AND BECOME A CORONAVIRUS HOTLINE PROVIDER, PLEASE NOTIFY YOUR PROVIDER RELATIONS REPRESENTATIVE FOR DETAILS*****

Coronavirus Website

<https://www.catalysthealthnetwork.com/coronavirus>

- *In effort to relieve call burden to the health departments as an anticipated spike in calls is expected, we encourage patients be directed to a trusted source of information. Catalyst will be utilizing CDC and health department data to continually provide an accurate data source for patients. To access this data patients can be directed to <https://www.catalysthealthnetwork.com/coronavirus>*
- If an asymptomatic patient is inquiring about asymptomatic testing for COVID-19 they should be directed to the CHN Coronavirus website <https://www.catalysthealthnetwork.com/coronavirus>

Patients visiting the website who have unanswered questions will have the option to call the Catalyst Coronavirus Hotline

Protocols - Triageing the Patient

Over the phone:

Symptomatic Patient

- **At the time of scheduling all patients with complaint of fever, cough, flu-like symptoms or shortness of breath, staff should inquire about recent travel to any of the high-risk areas OR exposure to a confirmed case of COVID-19.**
- In light of recent concerns related to influenza and coronavirus, staff/providers are **strongly encouraged** to schedule virtual-visits for all patients who have low-risk, mild upper respiratory symptoms rather than scheduling an in-office visit.
- If a symptomatic patient
 - Fever
 - Cough
 - Shortness of breath
 - Difficulty breathing

ALSO REPORTS

Recent travel to a high-risk area ([CDC List of Locations](#) with Confirmed COVID-19 Cases)

- China ([Level 3 Travel Health Notice](#))
- Iran ([Level 3 Travel Health Notice](#))
- Italy ([Level 3 Travel Health Notice](#))
- Japan ([Level 2 Travel Health Notice](#))
- South Korea ([Level 3 Travel Health Notice](#))

Consider Including:

- Houston (Harris County)
- California
- Washington State

OR

Had exposure to a confirmed case of COVID-19

THEN

- Triage for need for transport to an emergency facility for urgent care and testing

- If patient appears stable, patient should be isolated in place, quarantine themselves from family and animals, and, if available, wear a face mask
- **Consider utilizing a virtual visit** with the physician to assess need for treatment
- Immediately contact the County Public Health Department's 24-hour emergency reporting contact number that is closest to the patient, not the practice. The health department will coordinate testing and ongoing management.

[State health department after-hours contact list](#)

[Directory of Local Health Departments](#)

Asymptomatic Patient

- *In an effort to relieve call burden to the health departments as an anticipated spike in calls is expected, we encourage patients be directed to a trusted source of information. Catalyst will be utilizing CDC and health department data to continually provide an accurate data source for patients. To access this data, patients can be directed to <https://www.catalysthealthnetwork.com/coronavirus>*
- If an asymptomatic patient is inquiring about asymptomatic testing for COVID-19 they should be directed to the CHN Coronavirus website <https://www.catalysthealthnetwork.com/coronavirus>

Patients visiting the website who have unanswered questions will have the option to call the Catalyst Coronavirus Hotline at (214) 964-0319.

In the Office:

****All patients experiencing URI or flu-like symptoms need to be wearing a face mask while in the clinic. Recommend patients be notified of this requirement and provided a mask at time of check-in. Additionally, post signs at entrance and all patient areas including lobbies and check-in areas****

- If a symptomatic patient (fever, cough, shortness of breath, cold or flu symptoms) presents to the front desk without a mask, immediately provide the patient with a mask and ask that they put the mask on before proceeding.
- Next, question:

Recent travel to a high-risk area (List continues to change)

- China ([Level 3 Travel Health Notice](#))
- Iran ([Level 3 Travel Health Notice](#))
- Italy ([Level 3 Travel Health Notice](#))

- Japan ([Level 2 Travel Health Notice](#))
- South Korea ([Level 3 Travel Health Notice](#))

Consider adding

- Houston (Harris County)
- California
- Washington State

OR

Had exposure to a confirmed case of COVID-19

- **If either is true, the front office team member should:**
 1. Immediately notify a provider
 2. Pull a masked medical assistant to escort the patient to a designated “isolation room” being careful to choose a pre-determined route that exposes as few people as possible.
 3. Medical assistants should ask about travel and exposure history. (These questions should be asked when rooming any patient with fever/respiratory illness symptoms.) If a patient **HAS** traveled to one of the high-risk areas **OR** admits exposure to a known case of COVID-19, the medical assistant should:
 4. Immediately notify a provider
 5. Minimize the number of staff who come into contact with patient.
 6. Any staff that is going to evaluate the patient should first put on protective gear (including face mask, goggles/glasses, gown, and gloves). The protective gear should be removed while the staff member is in the room with the patient and placed into the trash can.
 7. HCP should perform hand hygiene using ABHS before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS.
 8. Healthcare facilities should ensure that hand hygiene supplies are readily available in every care location.
 9. Provider should consider evaluating the patient via teleconference to determine possible risk. The local health departments are recommending both flu and RSV, where appropriate, be performed.
 10. If provider suspects the patient may have COVID-19 AND the patient appears stable, the patient should return home and be told to isolate in place until county health officials contact them within 12-24 hours.

11. The patient should quarantine themselves from family and animals, and continue to wear a face mask
12. Immediately contact the County Public Health Department's 24 hour emergency reporting contact number that is closest to the patient, not the practice. The health department will coordinate testing and ongoing management.

[State health department after-hours contact list](#)

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After Patient Leaves:

The medical assistant who roomed the patient should:

- Put on new protective equipment
- Clean the room by first wiping all surfaces with the Sani Wipes
- Then, spray the room with Lysol
- Placing all protective equipment into the trash, tie off the trash bag, and then take the trash bag to the trash immediately after cleaning the room.

VIRTUAL VISIT (TELE-HEALTH) CONSIDERATIONS

Patient concerns about becoming infected during a visit to their doctor may be a deterrent for patients who need routine care. Additionally, the main strategy for limiting the spread of coronavirus is minimizing unnecessary exposure to infected patients. This includes exposure to healthcare workers.

Virtual visits could be used as an option for routine visits; decreasing missed appointments and increasing treatment program adherence. They could also be utilized as part of the triage process for suspected COVID-19 patients as a way of containing spread and limiting public and healthcare worker exposure.

Consequently, **many payers including Medicare, have changed their policies regarding virtual visits.** These changes include waiving copays and technology requirements. Below is a quick overview intended to help you quickly adopt virtual visits during this time.

- Virtual visits typically must be performed utilizing a HIPAA compliant technology that delivers synchronous, video and audio communication. This has been loosened with some payers. We still recommend a HIPAA compliant solution if possible.
- Visits can be billed using routine E&M codes along with a 95 or GT modifier.
- Visits can also be done as a cash service. A common virtual visit charge is \$49.
- Some EHRs have the capacity to launch virtual visits from within the EHR (e.g. eCW).
- Zoom Health is an option that could be used as a temporary solution. A license for one physician is \$200 per month. Zoom can have your practice up and running within a few hours. Zoom could be utilized as the virtual visit platform while your documentation is being done in your EHR. Some vendors may offer free use for a period of time.

Below is the most current information Catalyst has received from our payers:

Cigna

- Cigna leadership has notified us that they will be reimbursing telehealth visits.
- The practice can use any platform to connect to the patient.
- The originating site (location of the patient) can be their home.

United

- United stated that for their value-based agreements (CHN contract) the originating site did NOT have to be the office.
- United will pay the regular E&M codes as long as a HIPAA compliant platform and telemedicine modifier are being used.

Aetna

- Due to the coronavirus, Aetna will offer zero co-pay telemedicine visits for 90 days (effective immediately) for all members, for any reason.
- No specific platform is required

BCBS

- BCBSTX does not have specific fee schedules for telemedicine.
- BCBSTX does cover telemedicine services for some plans and it is dependent upon the member's benefits.
- The rendering provider must be a part of the MDLIVE network.

Medicare

- Today (3/6/20), due to coronavirus, Congress has allowed the Department of Health and Human Services (HHS) to waive long-standing constraints on the use of telehealth under Medicare Part B—with certain limitations. In particular, the bill:
- Waives the “originating site” requirement so that telehealth could be used (and reimbursed) in nonrural areas and even in patients’ homes or other nontraditional sites
- Permits the use of telephones to provide telehealth services if the telephones have two-way, real-time interactive audio and video capabilities.

Wellmed

- Virtual visits are covered.
- HCC coding should still be performed with an in-person visit (See CMS guidelines).

COVID-19 Patient Screening Questions

These questions should be asked for all acute visits when the patient calls to be scheduled for an appointment. If a patient is a walk-in, these questions should also be asked:

1. Have you been in contact with anyone who either has been diagnosed with Coronavirus/COVID-19 and/or someone who is under investigation for having Coronavirus/COVID-19?
2. Have you recently traveled to any of the following areas in the last 2 weeks?
 - China ([Level 3 Travel Health Notice](#))
 - Iran ([Level 3 Travel Health Notice](#))
 - Italy ([Level 3 Travel Health Notice](#))
 - Japan ([Level 2 Travel Health Notice](#))
 - South Korea ([Level 3 Travel Health Notice](#))

Consider adding

- Houston (Harris County)
- California
- Washington State

If a patient answers yes to any of these questions consider scheduling patient for a virtual visit with a provider who will then determine the possible risk.

If the patient is already in the office, such as a walk-in, then immediately take them to the closest room to the front of the clinic and inform the nursing staff of a possible

PROVIDER FACT SHEET

SYMPTOMS

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear **2-14 days after exposure**.

- Fever
- Cough
- Shortness of breath

HOW DOES COVID-19 SPREAD

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

CAN SOMEONE SPREAD THE VIRUS WITHOUT BEING SICK?

- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas.

PREVENTION

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC

always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask.
 - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

CDC Factsheet for Healthcare providers

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients-H.pdf>

Suspected COVID-19 Patient Protocol & Educational Handout

Purpose: Patient-facing COVID-19 protocol & educational handout to give to patients after a provider suspects they may have COVID-19

Your Healthcare Provider suspects you have the Coronavirus (COVID-19)... **Now what?**

Steps to follow when you leave the clinic:

1. Remain calm and do not panic
2. Return home immediately—do not make any additional stops on your way home
3. Isolate/quarantine yourself from family and animals—use a separate bathroom if possible
4. Continue wearing a face mask while in isolation for your own protection
- 5. Continue to remain calm**
6. Anticipate a call from the County Public Health Department within 12-24 hours with next steps to coordinate the testing and ongoing management of your symptoms (your healthcare provider has already reported your case to the Health Department)
7. Call the **Coronavirus 24-hour Patient Hotline at 214-964-0319** or visit the coronavirus website at <https://www.catalysthealthnetwork.com/coronavirus> if you have any additional COVID-19 related questions

Travel Risk (Evolving)

Patients are at risk if they have traveled to the following areas within 14 days of symptom onset:

- [China \(Level3TravelHealthNotice\)](#)
- [Iran \(Level3TravelHealthNotice\)](#)
- [Italy \(Level3TravelHealthNotice\)](#)
- [Japan \(Level2TravelHealthNotice\)](#)
- [SouthKorea \(Level2TravelHealthNotice\)](#)

Per CDC guidelines: Patients returning to the US from high-risk areas are being placed into appropriate quarantine for 14 days and are tested for COVID-19 when necessary.

CDC does have [specific guidance for travelers](#).

QUICK CDC LINKS FOR COVID-19

[Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings](#)

[Evaluating and Reporting Persons Under Investigation \(PUI\)](#)

[Healthcare Infection Control Guidance](#)

[Clinical Care Guidance](#)

[Home Care Guidance](#)

[Healthcare Personnel with Potential Exposure Guidance](#)