

CMS Recommendations on Reopening Facilities to Provide Non-Emergent Health Care Services

Amundsen Davis Health Care Alert
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On April 19, 2020 the Centers for Medicare & Medicaid Services (CMS) issued new guidelines for health care providers in re-opening to provide non-emergent in-person services. This follows upon on its recommendations issued on March 18 limiting non-essential care in order to expand capacity to care for patients with COVID-19 and conserve staff, supplies, and personal protective equipment.

CMS recognizes that many areas have a relatively low and stable incidence of COVID-19, and it wants to acknowledge and provide guidance for a gradual “re-opening” process that can include care for patients whose non-emergent services have been deferred. This will be especially important for hospitals and surgery centers that have experienced a significant drop in revenue over the past several weeks as resources and space have been shifted towards COVID-19 patients and preparedness.

These recommendations from CMS are intended to be applied in conjunction with the Guidelines for Opening Up America Again issued by President Trump on April 16. These would be appropriate for facilities in an area that has moved into Phase 1 of that 3-Phase approach. This would be an area where there is a downward trajectory of cases and positive tests over a 14-day period, and where hospitals are able to follow a robust testing program for patients and all health care workers.

CMS does not provide a single set of metrics or a specific process to be followed. Instead, it highlights considerations for health care providers to make cautious, case-by-case decisions. These considerations include:

- Coordinate with state and local public health officials evaluating the incidence and trends for COVID-19 in the service area.
- Evaluate the necessity of the care, prioritizing based on clinical needs.
- Consider the establishment of “Non-COVID Care” zones for screening staff and patients.
- Assure that there are adequate resources (staff, PPE, space, testing capacity) across all phases of care.

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- PPE for staff, with appropriate masks, and some form of mask or face covering for patients.
- Evaluate the availability of staffing, including in the event of potential surges.
- Controls to facilitate “social distancing” within the facility.
- Visitors should be prohibited unless necessary for some aspect of patient care.
- Ensure there is an established plan that is followed for cleaning and disinfection.
- Adequate supplies, settings, and capabilities for screening and testing patients and staff.

CMS noted that these are recommendations to help guide health care systems and facilities as they consider resuming in-person care in regions with a low incidence of COVID-19 disease. As a result, this is a process that facilities should be preparing for now. At the same time, CMS also cautions that facilities should also be prepared to cease non-essential procedures again if there is a surge.

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