

THE Bulletin

MARCH 2020 Volume 97, Number 3

**Medicaid Expansion
Program to Assist Those
Affected by Water Crisis**

**Flint Registry, Promoting
Wellness & Recovery**

**Quick Reference
Referral Guide for
Substance Abuse
Treatment**

COVID-19 CORONAVIRUS / C

**SPECIAL SECTION
COVID-19 UPDATE**

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THE Bulletin

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Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

THE BULLETIN

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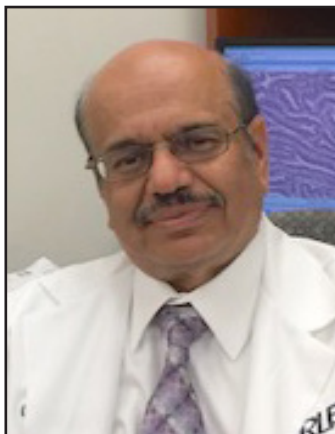
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THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

COVID-19 Updates

In what has surely become a stressful time for many of us, we are all grappling with some difficult decisions. At the time of this communication, we have 1791 confirmed cases of novel coronavirus COVID-19 in Michigan. Declared a global pandemic by the World Health Organization, COVID-19 can result in outcomes ranging from a mild respiratory illness to viral pneumonia and death. Patients most likely to have bad outcomes include individuals over 60 years old and patients with pre-existing medical conditions, like cardiac and chronic pulmonary disease, etc... Many of the patients we care for everyday are vulnerable.

Your GCMS Board members understand and are dealing with many of your same concerns. Governor Whitmer has issued a series of executive orders impacting how we practice (included in the special section of this Bulletin). Visit https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html for a full listing of the Governor's executive orders.



Qazi Azher, MD

Accordingly, the Board has postponed the April 2 Practice Manager's Meeting and the April 2 Member Business Dinner. Other committee and Board meetings through the end of April will take place virtually. Meetings scheduled in May are still planned as scheduled at this time but we will be sure to keep you informed as the situation continues to evolve.

In this rapidly evolving situation, we understand the concerns and questions being posed by our members, especially those with private offices not subject to hospital or group-practice guidelines. For instance, there is still ambiguity as to what type of practices the current Michigan executive orders cover in terms of actual operations and what staff are still considered necessary to "sustain or protect life or to conduct minimum basic operations."

We appreciate the assistance we have received from MSMS as we try to find definitive answers to these questions. From MSMS' communications with the Governor's Office and the Michigan Department of Health

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and Human Services to date, it is their understanding that decisions regarding essential services, unless specifically prohibited, will be left up to the clinician's medical judgement to determine what is necessary to preserve the health and safety of the patient. Therefore, if a physician believes delaying care would be detrimental to a patient's health, they expect the physician will use his or her best judgement. MSMS believes there will be further clarification in the form of a FAQ from the Administration emphasizing this.

Of note, Executive Order 2020-17 specifically mentions that covered facilities (hospitals, free-standing outpatient surgical centers, and dental facilities, and all state-operated outpatient facilities) and "any medical center or office that performs elective surgery or cosmetic plastic surgery, must postpone, at a minimum, joint replacement, bariatric surgery, and cosmetic surgery, except for emergency or trauma-related surgery where postponement would significantly impact the health, safety, and welfare of the patient."

In the meantime, we encourage you to use your medical judgement in determining your best course of action in the upcoming days to best protect your patients, your staff, your families and yourselves. In order to help with this, we encourage you to utilize the AMA's "Helping Private Practices Navigate Non-Essential Care During COVID-19," the official copy of Michigan Executive Order 2020-21 and the AMA Code of Medical Ethics: Guidance in a Pandemic.

We encourage you to visit the MSMS website's COVID-19 page: <https://www.msms.org/Resources/Quality-Patient-Safety/COVID-19-2019-novel-coronavirus-Resource-Center-for-Physicians-and-Patients> where you will find breaking news, important resources and links to further information. You can also find information on the Genesee County Health Department website: <https://gchd.us/coronavirus/>.

This is a difficult time, but we will get through it. In the meantime, do your best to keep yourself, your family, your co-workers, your staff and your patients safe. GCMS remains committed to helping you in any way we can.

HAPPY BIRTHDAY DOCTOR

APRIL

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Kristin Krizmanich-Conniff, MD6	Tjin Lim, MD.....22	
Tolutope Oyasiji, MD7	Susumu Inoue, MD23	

Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the under-served, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.


To make a gift, simply use these words:

In your Trust, *"Grantor directs Trustee to distribute ___% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation"*

In your Will, *"I give, devise and bequeath ___% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation"*

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.

**Please feel free to contact
Sherry Smith
at 810-733-9923 or
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COVID-19 Symptoms: Fever, Cough, and Shortness of Breath

PRIORITY 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

- Hospitalized patients
- Healthcare facility workers with symptoms

1

2

PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

3

**NON-
PRIORITY**

NON-PRIORITY

- Individuals without symptoms



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

MEMORANDUM

Date: March 25, 2020

To: Health Care Providers

From: Joneigh Khaldun, MD, MPH, FACEP
Chief Medical Executive and Chief Deputy for Health
Michigan Department of Health and Human Services

As the COVID-19 situation in the State of Michigan rapidly evolves, MDHHS continues to adapt resource and capacity planning to support the varied needs of our partners in healthcare and local public health organizations. The Michigan COVID-19 Laboratory Emergency Response Network (MI-CLERN) is used to coordinate scarce resources and increase laboratory capacity. The MiCLERN provider hotline (888-277-9894) was stood up to enable providers to gain access to testing resources. MDHHS recently ordered that all health professionals should conduct testing for the Novel Coronavirus in accordance with the COVID-19 prioritization criteria published by MDHHS. This letter informs you of three changes to this system.

1. Change in Prioritization Criteria

Given the shortage of specimen collection and laboratory testing resources for COVID-19 in the nation and revised guidance from the U.S. Public Health Service, MDHHS is revising the prioritization criteria for the collection and testing of specimens for COVID-19 testing. At this time, Priority Groups One and Two in the PHS Guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>) are eligible for testing by health care providers in Michigan:

- 1.) Ensuring optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system. This includes:
 - Hospitalized Patients
 - Healthcare facility workers with symptoms
- 2.) Ensuring that those at highest risk of complication of infection are rapidly identified and appropriately triaged. This includes:
 - Patients in long-term care facilities with symptoms
 - Patients over age 65 years with symptoms
 - Patients with underlying conditions with symptoms
 - First responders with symptoms

While not required, MDHHS does recommend that health care providers first attempt to rule out other potential etiologies through available testing means (e.g., rapid influenza tests or respiratory infectious disease panel [RIDP]) for these patients before testing for COVID-19. MiCLERN agents will document these efforts in the PUI issuance process.

Health Care Provider
March 25, 2020
Page 2

We believe that this model will help to preserve strained testing and resource capacity in the system and will meet the needs of both high disease-burdened areas and non-high-burdened areas of the State alike. **These new prioritization criteria will take effect at 8:00 PM on Wednesday, March 25, 2020.**

2. Expansion of access to PUI authorization

To reduce the time burden on busy health care providers, MDHHS, in consultation with the Michigan Health and Hospital Association, is broadening access to PUI authorization for testing of **inpatient specimens or symptomatic health care worker specimens**. Hospitals may have their physicians consult with a member of their health system (most commonly Infection Prevention) to input the patient into the Michigan Disease Surveillance System (MDSS) to receive a PUI Number (the MDSS Investigation ID). The hospital, for inpatient specimens, may enter data into MDSS in place of calling the MiCLERN 24/7 hotline. If sending to the MDHHS BOL, the submitter must continue to put the PUI number on the MDHHS BOL laboratory requisition form for the sample to be tested. If this process is not feasible for hospitals, they may continue to call MI-CLERN at (888) 277-9894 for approval for testing.

At this time, MDHHS is asking that providers and/or Infection Prevention personnel continue to fax the Michigan Interim 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI) Case Report Form and Cover Sheet the local health department of patient residence. However, MDHHS is revising PUI Case Report Guidance in the coming days to reduce the data collection burden.

3. Reminder about MDHHS Bureau of Laboratories (BOL) submissions

When submitting specimens to BOL for testing, submitters *must* include the PUI on all necessary BOL test requisitions documents and on the specimen container. BOL prioritizes specimen testing relative to those that present the greatest public health concern. **BOL will not prioritize specimens that arrive without a corresponding PUI identifier.**

Upon completion of the test, BOL will notify both the ordering physician and the patient's respective local health department of the results. Healthcare providers should not contact the MDHHS public information hotline or the MiCLERN Provider hotline for test results. Agents responding to calls on both hotlines do not have access to the test results. Healthcare providers should not refer patients to these hotlines or any state agencies to obtain their test results as MDHHS will not provide results directly to patients. These calls delay work being done to process specimens and frustrates patients.

MDHHS is making these changes to ensure that testing is available for decision making to protect the health care work force and those most vulnerable to severe outcomes of COVID-19. Thank you for all you do to serve the residents of Michigan at this difficult time.

For the latest information on Michigan's response to COVID-19, please visit www.michigan.gov/coronavirus. You may also email our Community Health Emergency Coordination Center at: checcdeptcoor@michigan.gov.

EXECUTIVE ORDERS**No. 2020-21****Temporary requirement to suspend activities that are not necessary to sustain or protect life**

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. Older adults and those with chronic health conditions are at particular risk, and there is an increased risk of rapid spread of COVID-19 among persons in close proximity to one another. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Michigan Department of Health and Human Services identified the first two presumptive-positive cases of COVID-19 in Michigan. On that same day, I issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, 1976 PA 390, as amended, MCL 30.401-.421, and the Emergency Powers of the Governor Act of 1945, 1945 PA 302, as amended, MCL 10.31-.33.

The Emergency Management Act vests the governor with broad powers and duties to “cop[e] with dangers to this state or the people of this state presented by a disaster or emergency,” which the governor may implement through “executive orders, proclamations, and directives having the force and effect of law.” MCL 30.403(1)-(2). Similarly, the Emergency Powers of the Governor Act of 1945, provides that, after declaring a state of emergency, “the governor may promulgate reasonable orders, rules, and regulations as he or she considers necessary to protect life and property or to bring the emergency situation within the affected area under control.” MCL 10.31(1).

To suppress the spread of COVID-19, to prevent the state’s health care system from being overwhelmed, to allow time for the production of critical test kits, ventilators, and personal protective equipment, and to avoid needless deaths, it is reasonable and necessary to direct residents to remain at home or in their place of residence to the maximum extent feasible.

This order takes effect on March 24, 2020 at 12:01 am, and continues through April 13, 2020 at 11:59 pm.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

1. This order must be construed broadly to prohibit in-person work that is not necessary to sustain or protect life.
2. Subject to the exceptions in section 7, all individuals currently living within the State of Michigan are ordered to stay at home or at their place of residence. Subject to the same exceptions, all public and private gatherings of any number of people occurring among persons not part of a single household are prohibited.
3. All individuals who leave their home or place of residence must adhere to social distancing measures recommended by the Centers for Disease Control and Prevention, including remaining at least six feet from people from outside the individual’s household to the extent feasible under the circumstances.

4. No person or entity shall operate a business or conduct operations that require workers to leave their homes or places of residence except to the extent that those workers are necessary to sustain or protect life or to conduct minimum basic operations.
 - (a) For purposes of this order, workers who are necessary to sustain or protect life are defined as “critical infrastructure workers,” as described in sections 8 and 9.
 - (b) For purposes of this order, workers who are necessary to conduct minimum basic operations are those whose in-person presence is strictly necessary to allow the business or operation to maintain the value of inventory and equipment, care for animals, ensure security, process transactions (including payroll and employee benefits), or facilitate the ability of other workers to work remotely.

Businesses and operations must determine which of their workers are necessary to conduct minimum basic operations and inform such workers of that designation. Businesses and operations must make such designations in writing, whether by electronic message, public website, or other appropriate means. Such designations, however, may be made orally until March 31, 2020 at 11:59 pm.

5. Businesses and operations that employ critical infrastructure workers may continue in-person operations, subject to the following conditions:
 - (a) Consistent with sections 8 and 9, businesses and operations must determine which of their workers are critical infrastructure workers and inform such workers of that designation. Businesses and operations must make such designations in writing, whether by electronic message, public website, or other appropriate means. Such designations, however, may be made orally until March 31, 2020 at 11:59 pm. Businesses and operations need not designate:
 - (1) Workers in health care and public health.
 - (2) Workers who perform necessary government activities, as described in section 6.
 - (3) Workers and volunteers described in section 9(d).
 - (b) In-person activities that are not necessary to sustain or protect life must be suspended until normal operations resume.
 - (c) Businesses and operations maintaining in-person activities must adopt social distancing practices and other mitigation measures to protect workers and patrons. Those practices and measures include, but are not limited to:
 - (1) Restricting the number of workers present on premises to no more than is strictly necessary to perform the business’s or operation’s critical infrastructure functions.
 - (2) Promoting remote work to the fullest extent possible.
 - (3) Keeping workers and patrons who are on premises at least six feet from one another to the maximum extent possible, including for customers who are standing in line.
 - (4) Increasing standards of facility cleaning and disinfection to limit worker and patron exposure to COVID-19, as well as adopting protocols to clean and disinfect in the event of a positive COVID-19 case in the workplace.
 - (5) Adopting policies to prevent workers from entering the premises if they display respiratory symptoms or have had contact with a person who is known or suspected to have COVID-19.
 - (6) Any other social distancing practices and mitigation measures recommended by the Centers for Disease Control.

6. All in-person government activities at whatever level (state, county, or local) that are not necessary to sustain or protect life, or to supporting those businesses and operations that are necessary to sustain or protect life, are suspended.
 - (a) For purposes of this order, necessary government activities include activities performed by critical infrastructure workers, including workers in law enforcement, public safety, and first responders.
 - (b) Such activities also include, but are not limited to, public transit, trash pickup and disposal, activities necessary to manage and oversee elections, operations necessary to enable transactions that support the work of a business's or operation's critical infrastructure workers, and the maintenance of safe and sanitary public parks so as to allow for outdoor recreation.
 - (c) For purposes of this order, necessary government activities include minimum basic operations, as described in section 4(b). Workers performing such activities need not be designated.
 - (d) Any in-person government activities must be performed consistently with the social distancing practices and other mitigation measures to protect workers and patrons described in section 5(c).

7. Exceptions.
 - (a) Individuals may leave their home or place of residence, and travel as necessary:
 - (1) To engage in outdoor activity, including walking, hiking, running, cycling, or any other recreational activity consistent with remaining at least six feet from people from outside the individual's household.
 - (2) To perform their jobs as critical infrastructure workers after being so designated by their employers. (Critical infrastructure workers who need not be designated under section 5(a) may leave their home for work without a designation.)
 - (3) To conduct minimum basic operations, as described in section 4(b), after being designated to perform such work by their employers.
 - (4) To perform necessary government activities, as described in section 6.
 - (5) To perform tasks that are necessary to their health and safety, or to the health and safety of their family or household members (including pets). Individuals may, for example, leave the home or place of residence to secure medication or to seek medical or dental care that is necessary to address a medical emergency or to preserve the health and safety of a household or family member (including procedures that, in accordance with a duly implemented nonessential procedures postponement plan, have not been postponed).
 - (6) To obtain necessary services or supplies for themselves, their family or household members, and their vehicles. *Individuals must secure such services or supplies via delivery to the maximum extent possible.* As needed, however, individuals may leave the home or place of residence to purchase groceries, take-out food, gasoline, needed medical supplies, and any other products necessary to maintain the safety, sanitation, and basic operation of their residences.
 - (7) To care for a family member or a family member's pet in another household.
 - (8) To care for minors, dependents, the elderly, persons with disabilities, or other vulnerable persons.
 - (9) To visit an individual under the care of a health care facility, residential care facility, or congregate care facility, to the extent otherwise permitted.

- (10) To attend legal proceedings or hearings for essential or emergency purposes as ordered by a court.
 - (11) To work or volunteer for businesses or operations (including both and religious and secular nonprofit organizations) that provide food, shelter, and other necessities of life for economically disadvantaged or otherwise needy individuals, individuals who need assistance as a result of this emergency, and people with disabilities.
 - (b) Individuals may also travel:
 - (1) To return to a home or place of residence from outside this state.
 - (2) To leave this state for a home or residence elsewhere.
 - (3) To travel between two residences in this state.
 - (4) As required by law enforcement or a court order, including the transportation of children pursuant to a custody agreement.
8. For purposes of this order, critical infrastructure workers are those workers described by the Director of the U.S. Cybersecurity and Infrastructure Security Agency in his guidance of March 19, 2020 on the COVID-19 response (available [here](#)). Such workers include some workers in each of the following sectors:
 - (a) Health care and public health.
 - (b) Law enforcement, public safety, and first responders.
 - (c) Food and agriculture.
 - (d) Energy.
 - (e) Water and wastewater.
 - (f) Transportation and logistics.
 - (g) Public works.
 - (h) Communications and information technology, including news media.
 - (i) Other community-based government operations and essential functions.
 - (j) Critical manufacturing.
 - (k) Hazardous materials.
 - (l) Financial services.
 - (m) Chemical supply chains and safety.
 - (n) Defense industrial base.
9. For purposes of this order, critical infrastructure workers also include:
 - (a) Child care workers (including workers at disaster relief child care centers), but only to the extent necessary to serve the children or dependents of critical infrastructure workers as defined in this order. This category includes individuals (whether licensed or not) who have arranged to care for the children or dependents of critical infrastructure workers.
 - (b) Workers at designated suppliers and distribution centers, as described below.
 - (1) A business or operation that employs critical infrastructure workers may designate suppliers, distribution centers, or service providers whose continued operation is necessary to enable, support, or facilitate the work of its critical infrastructure workers.
 - (2) Such suppliers, distribution centers, or service providers may designate workers as critical infrastructure workers *only* to the extent those workers are necessary to enable, support, or facilitate the work of the original operation's or business's critical infrastructure workers.
 - (3) Designated suppliers, distribution centers, and service providers may in turn designate additional suppliers, distribution centers, and service providers

- whose continued operation is necessary to enable, support, or facilitate the work of their critical infrastructure workers.
- (4) Such additional suppliers, distribution centers, and service providers may designate workers as critical infrastructure workers *only* to the extent that those workers are necessary to enable, support, or facilitate the work of the critical infrastructure workers at the supplier, distribution center, or service provider that has designated them.
 - (5) Businesses, operations, suppliers, distribution centers, and service providers must make all designations in writing to the entities they are designating, whether by electronic message, public website, or other appropriate means. Such designations may be made orally until March 31, 2020 at 11:59 pm.
 - (6) Businesses, operations, suppliers, distribution centers, and service providers that abuse their designation authority shall be subject to sanctions to the fullest extent of the law.
- (c) Workers in the insurance industry, but only to the extent that their work cannot be done by telephone or remotely.
 - (d) Workers and volunteers for businesses or operations (including both and religious and secular nonprofit organizations) that provide food, shelter, and other necessities of life for economically disadvantaged or otherwise needy individuals, individuals who need assistance as a result of this emergency, and people with disabilities.
 - (e) Workers who perform critical labor union functions, including those who administer health and welfare funds and those who monitor the well-being and safety of union members who are critical infrastructure workers, provided that any administration or monitoring should be done by telephone or remotely where possible.
10. Nothing in this order should be taken to supersede another executive order or directive that is in effect, except to the extent this order imposes more stringent limitations on in-person work, activities, and interactions. Consistent with prior guidance, a place of religious worship, when used for religious worship, is not subject to penalty under section 14.
11. Nothing in this order should be taken to interfere with or infringe on the powers of the legislative and judicial branches to perform their constitutional duties or exercise their authority.
12. This order takes effect on March 24, 2020 at 12:01 am, and continues through April 13, 2020 at 11:59 pm.
13. The governor will evaluate the continuing need for this order prior to its expiration. In determining whether to maintain, intensify, or relax its restrictions, she will consider, among other things, (1) data on COVID-19 infections and the disease's rate of spread; (2) whether sufficient medical personnel, hospital beds, and ventilators exist to meet anticipated medical need; (3) the availability of personal protective equipment for the health-care workforce; (4) the state's capacity to test for COVID-19 cases and isolate infected people; and (5) economic conditions in the state.
14. Consistent with MCL 10.33 and MCL 30.405(3), a willful violation of this order is a misdemeanor.

Given under my hand and the Great Seal of the State of Michigan.

No. 2020-17

Temporary restrictions on non-essential medical and dental procedures

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Michigan Department of Health and Human Services identified the first two presumptive-positive cases of COVID-19 in Michigan. On that same day, I issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, 1976 PA 390, as amended, MCL 30.401-.421, and the Emergency Powers of the Governor Act of 1945, 1945 PA 302, as amended, MCL 10.31-.33.

The Emergency Management Act vests the governor with broad powers and duties to “cop[e] with dangers to this state or the people of this state presented by a disaster or emergency,” which the governor may implement through “executive orders, proclamations, and directives having the force and effect of law.” MCL 30.403(1)-(2). Similarly, the Emergency Powers of the Governor Act of 1945 provides that, after declaring a state of emergency, “the governor may promulgate reasonable orders, rules, and regulations as he or she considers necessary to protect life and property or to bring the emergency situation within the affected area under control.” MCL 10.31(1).

To mitigate the spread of COVID-19, protect the public health, provide essential protections to vulnerable Michiganders, and ensure the availability of health care resources, it is reasonable and necessary to impose temporary restrictions on non-essential medical and dental procedures.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

1. Beginning as soon as possible but no later than March 21, 2020 at 5:00 pm, and continuing while the state of emergency declared in Executive Order 2020-4 is in effect, all hospitals, freestanding surgical outpatient facilities, and dental facilities, and all state-operated outpatient facilities (collectively, “covered facilities”), must implement a plan to temporarily postpone, until the termination of the state of emergency under section 3 of Executive Order 2020-4, all non-essential procedures (“non-essential procedure postponement plan” or “plan”). For purposes of this order, “non-essential procedure” means a medical or dental procedure that is not necessary to address a medical emergency or to preserve the health and safety of a patient, as determined by a licensed medical provider.
2. A plan for a covered facility that performs medical procedures, including any medical center or office that performs elective surgery or cosmetic plastic surgery, must postpone, at a minimum, joint replacement, bariatric surgery, and cosmetic surgery, except for emergency or trauma-related surgery where postponement would significantly impact the health, safety, and welfare of the patient. A plan for a covered

facility that performs medical procedures should exclude from postponement: surgeries related to advanced cardiovascular disease (including coronary artery disease, heart failure, and arrhythmias) that would prolong life; oncological testing, treatment, and related procedures; pregnancy-related visits and procedures; labor and delivery; organ transplantation; and procedures related to dialysis. A plan for a covered facility that performs medical procedures must exclude from postponement emergency or trauma-related procedures where postponement would significantly impact the health, safety, and welfare of the patient.

3. A plan for a covered facility that performs dental procedures must postpone, at a minimum: any cosmetic or aesthetic procedures (such as veneers, teeth bleaching, or cosmetic bonding); any routine hygiene appointments; any orthodontic procedures that do not relieve pain or infection, do not restore oral function, or are not trauma-related; initiation of any crowns, bridges, or dentures that do not relieve pain or infection, do not restore oral function, or are not trauma-related; any periodontal plastic surgery; any extractions of asymptomatic non-carious teeth; and any recall visits for periodontally healthy patients. If a covered facility that performs dental procedures chooses to remain open, its plan must exclude from postponement emergency or trauma-related procedures where postponement would significantly impact the health, safety, and welfare of the patient.
4. A covered facility must comply with the restrictions contained in its non-essential procedure postponement plan.
5. This order does not alter any of the obligations under law of an affected health care facility to its employees or to the employees of another employer.
6. The director of the Department of Licensing and Regulatory Affairs shall issue orders or directives pursuant to law as necessary to enforce this order.
7. Consistent with MCL 10.33 and MCL 30.405(3), a willful violation of this order is a misdemeanor.

Given under my hand and the Great Seal of the State of Michigan.

No. 2020-13

Temporary enhancements to operational capacity and efficiency of health care facilities

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Michigan Department of Health and Human Services identified the first two presumptive-positive cases of COVID-19 in Michigan. On that same day, I issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the

Emergency Management Act, 1976 PA 390, as amended, MCL 30.401-.421, and the Emergency Powers of the Governor Act of 1945, 1945 PA 302, as amended, MCL 10.31-.33.

The Emergency Management Act vests the governor with broad powers and duties to “cop[e] with dangers to this state or the people of this state presented by a disaster or emergency,” which the governor may implement through “executive orders, proclamations, and directives having the force and effect of law.” MCL 30.403(1)-(2). Similarly, the Emergency Powers of the Governor Act of 1945, provides that, after declaring a state of emergency, “the governor may promulgate reasonable orders, rules, and regulations as he or she considers necessary to protect life and property or to bring the emergency situation within the affected area under control.” MCL 10.31(1).

To provide necessary protections against the dangers to this state posed by the COVID-19 emergency, the state must ensure that there is an adequate supply of health care providers and facilities. To this end, it is reasonable and necessary to provide limited and temporary relief from certain regulatory requirements to enhance the operational capacity and efficiency of health care facilities.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

Effective immediately and continuing through April 14, 2020 at 11:59 pm, the Department of Health and Human Services (“DHHS”) may issue an emergency certificate of need to an applicant and defer strict compliance with the procedural requirements of section 22235 of the Public Health Code, 1978 PA 368, as amended, MCL 333.22235, until the termination of the state of emergency under section 3 of Executive Order 2020-4.

Effective immediately and continuing through April 14, 2020 at 11:59 pm, the Department of Licensing and Regulatory Affairs (“LARA”) may grant a waiver under section 21564 of the Public Health Code, 1978 PA 368, as amended, MCL 333.21564, to any licensed hospital in this state, regardless of number of beds or location, for the purpose of providing care during the COVID-19 emergency, to construct, acquire, or operate a temporary or mobile facility for any health care purpose, regardless of where the facility is located.

Effective immediately and continuing through April 14, 2020 at 11:59 pm, LARA may issue a temporary registration as a certified nurse aide to an applicant, regardless of whether the applicant demonstrates to LARA that they have successfully completed the examination requirements of sections 21911 and 21913 of the Public Health Code, 1978 PA 368, as amended, MCL 333.21911 and MCL 333.21913. A temporary registration issued under this section shall be valid for 28 days and may be renewed by LARA until the termination of the state of emergency under section 3 of Executive Order 2020-4.

Effective immediately and continuing through April 14, 2020 at 11:59 pm, LARA may renew a license to practice under Part 170, 172, 175, 177, or 187 of the Public Health Code, 1978 PA 368, as amended, regardless of whether the licensee has satisfied the continuing education requirement applicable to their license.

Effective immediately and continuing through April 14, 2020 at 11:59 pm, LARA may recognize hours worked responding to the COVID-19 emergency as hours toward continuing education courses or programs required for licensure.

Effective immediately and continuing through April 14, 2020 at 11:59 pm, LARA may allow a non-nursing assistant such as an activity coordinator, social worker, or volunteer to help feed or transport a patient or resident in a manner consistent with the patient's or resident's care plan.

Given under my hand and the Great Seal of the State of Michigan.

No. 2020-7

Temporary restrictions on entry into health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities (Rescission of Executive Order 2020-6)

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. The risk of severe illness and death from COVID-19 is higher in older adults and those with chronic health conditions. And there is an increased risk of rapid spread of COVID-19 among persons who are living in congregate settings, such as care facilities. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Michigan Department of Health and Human Services identified the first two presumptive-positive cases of COVID-19 in Michigan. On that same day, I issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, 1976 PA 390, as amended, MCL 30.401-.421, and the Emergency Powers of the Governor Act of 1945, 1945 PA 302, as amended, MCL 10.31-.33.

The Emergency Management Act vests the governor with broad powers and duties to “cop[e] with dangers to this state or the people of this state presented by a disaster or emergency,” which the governor may implement through “executive orders, proclamations, and directives having the force and effect of law.” MCL 30.403(1)-(2). Similarly, the Emergency Powers of the Governor Act of 1945, provides that, after declaring a state of emergency, “the governor may promulgate reasonable orders, rules, and regulations as he or she considers necessary to protect life and property or to bring the emergency situation within the affected area under control.” MCL 10.31(1).

To mitigate the spread of COVID-19 and to provide essential protections to vulnerable Michiganders and this state's health care system and other critical infrastructure, it is reasonable and necessary to impose limited and temporary restrictions on the entry of individuals into health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities.

Executive Order 2020-6 imposed such restrictions. With this order, Executive Order 2020-6 is rescinded. This order imposes substantially identical restrictions, with the

exception of certain clarifying changes to the visitation limitations imposed in section 1, below.

While the restrictions of this order are in place, these facilities should, to the extent possible, facilitate visitations with individuals under their care by phone or other electronic communication platforms, consistent with normal visitation policies.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

1. Effective immediately and continuing through April 5, 2020 at 5:00 pm, all health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities must prohibit from entering their facilities any visitors that: are not necessary for the provision of medical care, the support of activities of daily living, or the exercise of power of attorney or court-appointed guardianship for an individual under the facility’s care; are not a parent, foster parent, or guardian of an individual who is 21 years of age or under and who is under the facility’s care; are not visiting an individual under the facility’s care that is in serious or critical condition or in hospice care; and are not visiting under exigent circumstances or for the purpose of performing official governmental functions.
2. Beginning as soon as possible but no later than March 16, 2020 at 9:00 am, and continuing through April 5, 2020 at 5:00 pm, all health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities must perform a health evaluation of all individuals that are not under the care of the facility each time the individual seeks to enter the facility, and must deny entry to those individuals who do not meet the evaluation criteria. The evaluation criteria must include: symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat; and contact in the last 14 days with someone with a confirmed diagnosis of COVID-19.
3. Consistent with MCL 10.33 and MCL 30.405(3), a willful violation of this order shall constitute a misdemeanor.
4. Executive Order 2020-6 is rescinded.

Given under my hand and the Great Seal of the State of Michigan.



**Genesee County
Health Department**

Your Health. Our Work.

CORONAVIRUS (COVID-19) INFORMATION



BULLETIN

MSA

Bulletin Number: MSA 20-12

Distribution: Home Help, MI Choice, Program of All-Inclusive Care for the Elderly (PACE), Maternal Infant Health Program, Integrated Care Organizations (ICOs), Medicaid Health Plans, Prepaid Inpatient Health Plans (PIHP), and Community Mental Health Services Programs (CMHSP)

Issued: March 18, 2020

Subject: COVID-19 Response: Relaxing Face-to-Face Requirement

Effective: Immediately

Programs Affected: Medicaid, Children Special Health Care Services, Flint Waiver, Healthy Michigan Plan

Per Centers for Disease Control and Prevention (CDC) and State recommendations, social distancing is encouraged to slow the spread of COVID-19 and thus preserve the health system capacity for the duration of this pandemic. Minimizing face-to-face contact whenever possible is strongly encouraged. These temporary policy changes offer flexibility for providers to meet the needs of beneficiaries through alternative means while protecting the health and welfare of both parties.

This policy impacts Home Help, MI Choice, Program of All-Inclusive Care for the Elderly (PACE), Maternal Infant Health Program, MI Health Link, Medicaid Health Plans, Children's Special Health Care Services, Flint Waiver, PIHPs, and CMHSPs. These changes are effective for a limited period.

Face-to-Face Communication

The purpose of this guidance is to allow flexibility related to in-person communication requirements to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic. This guidance will be in effect for 30 days following the termination of the Governor's Declaration of a State of Emergency Order (2020-04, COVID-19), or on the first of the following month, whichever is later.

During this time, providers may use telephonic, telemedicine and video technology commonly available on smart phones for program functions that require in-person communication so long as they meet Health Insurance Portability and Accountability Act (HIPAA) compliance standards and the beneficiary or legal representative consents to the method. This includes initial assessments, re-assessments, Nursing Facility Level of Care Determinations, Preadmission Screening and Resident Review (PASARR) assessments, care planning meetings, home visits, case management, and provider assessment and monitoring.

This does not include personal care services, home health, or other services designed to support Activities of Daily Living. The use of these alternative methods must be documented as a comment on the provider claim and in the beneficiary record, as appropriate. Providers must ensure the privacy of the beneficiary and the security of any information shared via telephonic, telemedicine and video technology. If a beneficiary is unable to communicate over the phone, these activities may be completed with a guardian or other representative of the beneficiary that is familiar with their needs.

For initial assessments, it is recommended that the staff person initiate contacts in addition to the beneficiary, such as family members, guardians, caregivers, and friends. It is also recommended that the staff person request two pieces of identifying information such as date of birth and first or last four numbers of the Social Security Number. In lieu of the required written consent or beneficiary signatures, verbal permission may be obtained and must be documented. Required written consent or signatures must be obtained at the next in-person opportunity.

Providers should use their judgement regarding the risk to beneficiaries and employees, and the relative need for in-person communication with beneficiaries that have complex care needs. Communication with beneficiaries to assess these factors prior to any in-person contacts is required. At a minimum, providers should ask the following questions before in-person activities:

1. Do you or anyone in your household have symptoms of Coronavirus including fever, cough, sore throat or shortness of breath?
2. Have you or anyone in your household traveled in the last 14 days? If so, where?
3. Have you or anyone in your household been in close contact with others who have symptoms, are being assessed or monitored for Coronavirus, or who have travelled in the last 14 days?
4. Have you or anyone in your household been at a large gathering of 50 people or more in the last 14 days?
5. Are you uncomfortable having a provider enter your home during the Coronavirus outbreak?

If the beneficiary or employee answer “yes” to any of the above questions, a postponement of in-person activities is strongly recommended and a referral to a healthcare provider or Local Health Department should be facilitated. The individual conducting outreach to the beneficiary shall assist in securing transportation services to the healthcare provider or Local Health Department if needed.

Following the termination of these COVID-19 conditions, in-person contacts should be made as soon as feasible to validate information gathered telephonically or through telemedicine and to reassess as appropriate. There will be no penalty for delayed contacts.

See Section 17 of the Practitioner Chapter of the Michigan Medicaid Provider Manual for general definitions, telemedicine policy, and billing/reimbursement processes.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Emily Frankman
MDHHS/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: frankmane@michigan.gov

If responding by e-mail, please include "COVID-19 Response: Alternatives to Face-to-Face Communication" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kate Massey, Director
Medical Services Administration

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET (March 17, 2020)

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

INTRODUCTION: CMS has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under President Trump’s emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Even before the availability of this waiver authority, CMS made several related changes to improve access to virtual care. In 2019, Medicare started making payment for brief communications or Virtual Check-Ins, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays clinicians for E-visits, which are non-face-to-face patient-initiated communications through an online patient portal.

Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.

TYPES OF VIRTUAL SERVICES: There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet: Medicare telehealth visits, virtual check-ins and e-visits.

MEDICARE TELEHEALTH VISITS: Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

KEY TAKEAWAYS:

- *Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*
- *These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.*
- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.*

- *While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.*
- *The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.*
- *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.*

VIRTUAL CHECK-INS: In all areas (not just rural), established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.

Medicare pays for these “virtual check-ins” (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor’s office. These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.

Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient’s concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).

KEY TAKEAWAYS:

- *Virtual check-in services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings or certain locations.*
- *Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.*
- *HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.*
- *HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the*

previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.

- *Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.*

E-VISITS: In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these E-Visits, the patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

Medicare Part B also pays for E-visits or patient-initiated online evaluation and management conducted via a patient portal. Practitioners who may independently bill Medicare for evaluation and management visits (for instance, physicians and nurse practitioners) can bill the following codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11– 20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

KEY TAKEAWAYS:

- *These services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings. There are no geographic or location restrictions for these visits.*
- *Patients communicate with their doctors without going to the doctor's office by using online patient portals.*
- *Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.*

- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable.
- The Medicare coinsurance and deductible would generally apply to these services.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>



HHS.gov

U.S. Department of Health & Human Services

Health Information Privacy

Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

For example, a covered health care provider in the exercise of their professional judgement may request to examine a patient exhibiting COVID-19 symptoms, using a video chat application connecting the provider's or patient's phone or desktop computer in order to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation.

Likewise, a covered health care provider may provide similar telehealth services in the exercise of their professional judgment to assess or treat any other medical condition, even if not related to COVID-19, such as a sprained ankle, dental consultation or psychological evaluation, or other conditions.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

Note: OCR has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.

Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.

OCR has published a bulletin advising covered entities of further flexibilities available to them as well as obligations that remain in effect under HIPAA as they respond to crises or emergencies at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF.


Guidance on BAAs, including sample BAA provisions, is available at <https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>.

Additional information about HIPAA Security Rule safeguards is available at <https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html>.

HealthIT.gov has technical assistance on telehealth at <https://www.healthit.gov/telehealth>.

Content created by Office for Civil Rights (OCR)

Content last reviewed on March 19, 2020



The banner features the MDHHS logo on the left, which includes a green silhouette of Michigan and the text "MDHHS Michigan Department of Health & Human Services". On the right, the text "Michigan Department of Health & Human Services" is displayed in white against a green background with a faint map of Michigan.

[COVID Testing Algorithm Final 03-25-2020.pdf](#)

[COVID-19 Priority Testing Patients Graphic 03.23.2020.pdf](#)

[MDHHS epidemic reporting order and instructions - 3-24-20.pdf](#)

[Person Exposure Final 3-25-2020.pdf](#)

CMS Adult Elective Surgery and Procedures Recommendations:

Limit all non-essential planned surgeries and procedures, including dental, until further notice

To aggressively address COVID-19, CMS recognizes that conservation of critical resources such as ventilators and Personal Protective Equipment (PPE) is essential, as well as limiting exposure of patients and staff to the SARS-CoV-2 virus. Attached is guidance to limit non-essential adult elective surgery and medical and surgical procedures, including all dental procedures. These considerations will assist in the management of vital healthcare resources during this public health emergency.

Dental procedures use PPE and have one of the highest risks of transmission due to the close proximity of the healthcare provider to the patient. To reduce the risk of spread and to preserve PPE, we are recommending that all non-essential dental exams and procedures be postponed until further notice.

A tiered framework is provided to inform health systems as they consider resources and how best to provide surgical services and procedures to those whose condition requires emergent or urgent attention to save a life, preserve organ function, and avoid further harms from underlying condition or disease. Decisions remain the responsibility of local healthcare delivery systems, including state and local health officials, and those surgeons who have direct responsibility to their patients. However, in analyzing the risk and benefit of any planned procedure, not only must the clinical situation be evaluated, but resource conservation must also be considered. These recommendations are meant to be refined over the duration of the crisis based on feedback from subject matter experts. At all times, the supply of personal protective equipment (PPE), hospital and intensive care unit beds, and ventilators should be considered, even in areas that are not currently dealing with COVID-19 infections. Therefore, while case-by-case evaluations are made, we suggest that the following factors to be considered as to whether planned surgery should proceed:

- Current and projected COVID-19 cases in the facility and region.
 - consider the following tiered approach in the table below to curtail elective surgeries.
The decisions should be made in consultation with the hospital, surgeon, patient, and other public health professionals.
- Supply of PPE to the facilities in the system
- Staffing availability
- Bed availability, especially intensive care unit (ICU) beds
- Ventilator availability
- Health and age of the patient, especially given the risks of concurrent COVID-19 infection during recovery
- Urgency of the procedure.

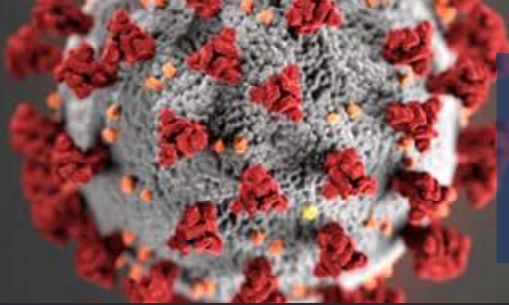
Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/procedure	Low acuity surgery/healthy patient- outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/procedure	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	Intermediate acuity surgery/healthy patient- Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic -Elective angioplasty
Tier 2b	Postpone surgery/procedure if possible	Intermediate acuity surgery/unhealthy patient-	HOPD ASC Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	High acuity surgery/healthy patient	Hospital	-Most cancers -Neurosurgery -Highly symptomatic patients
Tier 3b	Do not postpone	High acuity surgery/unhealthy patient	Hospital	-Transplants -Trauma -Cardiac w/ symptoms -limb threatening vascular surgery

*Hospital Outpatient Department

** Ambulatory Surgery Center

Created by: Sameer Siddiqui MD (used with permission)

Version 3.15.20



Guidance for Healthcare Worker Self-Monitoring and Work Restriction

Michigan.gov/Coronavirus

Guidance for Healthcare Worker Self-Monitoring and Work Restriction In the Presence of Sustained Community Transmission of Coronavirus Disease 2019 (COVID-19)

Executive Summary

The Michigan Department of Health and Human Services is currently reporting sustained widespread community transmission of COVID-19 in multiple areas of the State. This guidance is intended to help with the development of occupational health programs, policies, and priorities for groups that are critical to the healthcare system in the State of Michigan and is applicable to the following groups: hospitals, healthcare facilities, EMS, other organizations that employ healthcare workers in the inpatient or outpatient setting, all providers and support staff involved in patient care, and public health staffing actively involved in the COVID-19 response (local or state).

This interim guidance should be considered alongside applicable state and federal regulations and provided to all healthcare workers as appropriate. The primary recommendations in this guidance include:

- 1) If you are sick, please stay home.**
- 2) Healthcare workers currently prohibited from working because of previous guidance may return to work if asymptomatic if they are able to be closely monitored by their facility's occupational health program and adhere to all requirements for self-monitoring.**
- 3) In the context of sustained community transmission of COVID-19, all healthcare workers are at risk for unrecognized exposures. Therefore, ALL healthcare workers should self-monitor for fever with twice-daily temperature measurements and for symptoms consistent with COVID-19.**
- 4) If you are a healthcare worker who has had a known high-risk exposure to a patient(s) with confirmed COVID-19, you should take extra care to monitor your health but can keep working. There is no requirement for 14-day quarantine of healthcare workers with high-risk exposures in the setting of sustained community transmission as we have in multiple areas of the State of Michigan.**

- 5) MDHHS advises against testing of any asymptomatic individuals with or without an exposure to COVID-19, including healthcare workers.

- 6) If you feel overwhelmed and need support to cope with the situation, contact the SAMHSA Disaster Distress Hotline at 800-985-5990.

Detailed Recommendations

The Michigan Department of Health and Human Services is currently reporting sustained widespread community transmission of COVID-19 in multiple areas of the State. This guidance is intended to help with the development of occupational health programs, policies, and priorities for groups that are critical to the healthcare system in the State of Michigan and is applicable to the following groups: hospitals, healthcare facilities, EMS, other organizations that employ healthcare workers in the inpatient or outpatient setting, all providers and support staff involved in patient care, and public health staffing actively involved in the COVID-19 response (local or state).

This interim guidance should be considered alongside applicable state and federal regulations and provided to all healthcare workers as appropriate.

If you are sick, please stay home.

If you have a new onset of fever (subjective or temperature of $\geq 100.0^{\circ}\text{F}^*$ or 37.8°C) OR symptoms of possible COVID-19 syndrome (cough OR shortness of breath OR sore throat), you **MUST STAY HOME** and immediately notify your supervisor.

For mild illness consistent with COVID-19, healthcare workers must stay home 7 days following onset of illness or 72 hours after being consistently afebrile without use of antipyretics and with resolving respiratory symptoms, whichever is longer. However, at the completion of isolation, healthcare workers should check with their employer before returning to work.

If your symptoms are severe (e.g., difficulty breathing) enough that you feel that you need to see a healthcare provider but it is not an emergency, contact the healthcare provider before you seek care and alert them that you are a health care worker who may have been exposed to a person with COVID-19. You should put on a mask and ideally take a private vehicle to travel to your healthcare provider. When arriving at the healthcare facility, let the staff know that you are ill and had a possible exposure to COVID-19. If it is an emergency and you call 911, alert the operator that you may have been exposed to a person with COVID-19 and describe your symptoms.

All healthcare workers:

In the context of sustained community transmission of COVID-19, ALL healthcare workers should self-monitor for illness consistent with COVID-19 because all healthcare workers are at risk for unrecognized exposures. The purpose of self-monitoring is to identify illness early and self-isolate at home to reduce the potential of transmission to those you care for. As a healthcare worker you should self-monitor by taking your temperature twice daily and evaluating yourself for COVID-19 like illness which include any of the following:

- measured temperature >100.0°F* (37.8°C) or subjective fever
- cough
- shortness of breath
- sore throat

*Fever cutoffs are different in guidance for the healthcare workers. This is done to recognize illness early.

Timing of these checks should be at least 8 hours apart with one check immediately before each healthcare shift. **If any of these signs/symptoms develop, then DO NOT come to work.** If symptoms develop at work, you should immediately leave the patient care area, self-isolate, and notify your supervisor.

Healthcare worker with HIGH-Risk exposure to a confirmed or probable COVID-19 patient:

If you are a healthcare worker who has had a known high-risk exposure to a patient(s) with confirmed COVID-19, you should take extra care to monitor your health but can keep working if you are able to be closely monitored by their facility's occupational health program and adhere to all requirements for self-monitoring. There is no requirement for 14-day quarantine of healthcare workers with high-risk exposures in the setting of sustained community transmission as we have in multiple areas of the State of Michigan.

High-risk exposures include: 1) an unmasked provider having prolonged close contact (<6 feet for more than a few minutes) with an unmasked confirmed COVID-19 patient; 2) a provider not wearing eye protection while present for an aerosol generating procedure (e.g. cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction); 3) an unmasked provider present for an aerosol generating procedure. MDHHS asks that you self-monitor at least twice daily for symptoms listed above (subjective fever or measured temp >100.0°F, or cough, or shortness of breath or sore throat) AND additional new onset lower acuity symptoms that may be associated with early signs of infection with COVID-19 including muscle aches, or malaise (feeling tired or run down), or runny nose, or stuffiness, or congestion.

Timing of these checks should be at least 8 hours apart with one check immediately before each healthcare shift. If any of these signs/symptoms develop then you MAY NOT come to work. If symptoms develop at work, you MUST immediately leave the patient care area, isolate yourself and notify your supervisor.

Additional precautions for asymptomatic healthcare workers exposed to a possible or confirmed COVID-19 patient:

In the context of sustained community transmission of COVID-19, all healthcare workers are at some risk for exposure at work and within the community. CDC has advised that healthcare facilities consider allowing asymptomatic healthcare workers exposed to a confirmed COVID-19 patient to work while wearing a surgical mask (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>). MDHHS again stresses that ALL providers should be self-monitoring and if sick, stay home.

Given the limited availability of personal protective equipment, use of surgical masks by asymptomatic exposed providers at work should be limited to those who have had known high-risk exposures or are involved in care of vulnerable patients (e.g., age ≥ 50 , chronic lung disease (e.g., asthma, COPD), heart disease, diabetes immunocompromised).

Testing of asymptomatic healthcare workers:

In keeping with CDC guidance, MDHHS advises against testing of any asymptomatic individuals with or without an exposure to COVID-19, including healthcare workers, especially given current shortages in PPE, collection swabs, viral transport media and testing reagents. Healthcare workers should not be tested as a precondition of returning to work since a negative test result **does not** provide assurance that that healthcare workers within 14 days of a high-risk exposure will not go on to develop symptoms of COVID-19 after they are tested. However, while it is not yet known what role asymptomatic infection plays in transmission, if testing is done against public health recommendations, asymptomatic healthcare workers who have a positive test result for COVID-19 should NOT go to work. The healthcare worker should monitor their health at home for COVID-19 like illness for a total of 7 days from the date of specimen collection. If the healthcare worker remains symptom free, they may return to work after that 7-day period. If the HCW develops COVID-19 like illness during the 7-day self-monitoring period, they will need to self-isolate for an additional 7 days from symptom onset or until they have been afebrile for 72 hours off antipyretics, whichever is longer, before they return to work.

Note: your employer may require you to report your temperature and symptoms daily (i.e., active monitoring) and may have additional guidance for specific employees caring for high-risk populations such as the elderly or immune compromised.

Support for healthcare workers experiencing anxiety

During the monitoring period, it is normal for you and family members to feel distressed, anxious or afraid. Try to keep a hopeful outlook and strengthen your resilience by drawing on your skills that helped you manage difficult situations in the past. Keep in touch with other relatives and friends by phone, email or social media. If you feel overwhelmed and need support to cope with the situation, contact the SAMHSA Disaster Distress Hotline at 800-985-5990.

* Fever is either measured temperature >100.0 degrees F or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.

Additional 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)

(Additional Considerations and Recommendations)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Pure Michigan Business Connect offering virtual, statewide matchmaking platform for suppliers, buyers providing critical response to COVID-19

The Michigan Economic Development Corporation's [Pure Michigan Business Connect](#) program is now offering a free, online procurement platform to assist suppliers of critical health and human services across a broad range of categories access critical supplies and products as they respond to the COVID-19 outbreak. The platform will make virtual introductions between vetted businesses within the state providing supplies including food, medical devices, paper products, cleaning equipment and more.

The Pure Michigan Business Connect virtual procurement assistance platform will give Michigan service providers access to introductions with vetted businesses within the state to source critical supplies needed to serve individual patients, staff or members of the community impacted by the COVID-19 outbreak.

Buyers that could benefit from the virtual platform include childcare facilities, community centers, educational institutions, healthcare facilities, municipalities, food distribution centers, homeless shelters, non-profits and more. Items to supply could include medical devices, pharmaceuticals, cleaning supplies, testing supplies, textiles, paper products, vitamins, water and more.

Service providers seeking access to supplies and suppliers who have items to support COVID-19 response efforts can learn more by visiting <https://pmbc.connect.space/covid19/forms>.

The matchmaking platform is the latest effort of MEDC to support Michigan businesses and communities as they are impacted by COVID-19. Resources for small businesses impacted by COVID-19 are available at michiganbusiness.org/covid19.

MEDC's call center stands ready to support businesses looking for assistance through other available state programs. For more information, visit MEDC's website: <https://www.michiganbusiness.org/covid19/> or call 888.522.0103. The Michigan Small Business Development Center can also provide resources for small businesses impacted by COVID-19. Visit their website <https://sbdcmichigan.org/small-business-covid19/> for additional information.

MEDC is also encouraging businesses and communities throughout the state to learn more about its wide range of tools aimed at assisting Michigan's small- and medium-sized businesses. In particular, the MEDC [Access to Capital](#) programs can provide greater availability of working capital during times of growth, change or economic uncertainty. To support businesses and communities during this unprecedented time, the organization will also be evaluating other enhancements to programs such as its [International Trade](#), [Entrepreneurship and Innovation](#), [Pure Michigan Business Connect](#), [PlanetM](#) and [Match on Main Street](#) programs.

Information around this outbreak is changing rapidly. The latest information is available at Michigan.gov/Coronavirus and CDC.gov/Coronavirus.

CODING

Alert

MSMS COVID-19: BILLING AND CODING RESOURCES

BCBSM/BCN

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network of Michigan (BCN) announced that they were joining other Blue Cross and Blue Shield companies around the nation to fully cover the cost of medically necessary COVID-19 tests for members in fully insured health plans. BCBSM and BCN is working with employer group customers that are self-insured to make decisions regarding their own benefits. (Medicare Advantage plans, regulated by the federal government, are not included in the announcement.)

The initiatives include:

- BCBSM and BCN will waive prior authorizations for diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.
- BCBSM and BCN will cover the full cost of medically necessary diagnostic tests as long as the provider follows CDC guidelines related to COVID-19. Blue Cross and BCN will cover, with no cost share to the member, the appropriate medically necessary diagnostic testing for COVID-19 delivered by physicians and hospitals, where it is not covered as part of the Public Health Service response.
- BCBSM and BCN will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with member's benefit plan) and encouraging members to use 90-day mail order benefits if available. BCBSM and BCN will also ensure formulary flexibility if there are shortages or access issues. Patients will not be liable for the additional charges that stem from obtaining a non-preferred medication for COVID-19 Treatment.
- BCBSM and BCN are encouraging access to telehealth for groups who have the benefit and use of its 24-hour nurse hotline. Given the nature of the COVID-19 epidemic, seeking in-person medical care may lead to further spreading of the virus. BCBSM and BCN will encourage the use of virtual care and will also facilitate member access and use of nurse hotline.

The company news release about the changes can be found [here](#) news announcement.

During the COVID-19 pandemic, BCBSM and BCN want to make it easier for physicians to care for their patients. Thus, providing no-cost telehealth virtual medical visits for Blue Cross PPO (commercial), BCN HMO, Medicare Plus Blue PPO and BCN Advantage members with an existing telehealth benefit through at least April 30, 2020. This includes visits to network doctors who provide telehealth virtual medical visits as well as the Blue Cross Online Visits. (Member cost-sharing still applies for behavioral health telehealth visits.)

Telehealth allows patients to consult with physicians from home using their computers, smartphones, tablets and telephones. This helps patients with manageable flu-like symptoms have their initial consultations with physicians from home, rather than go into physicians' offices or hospital emergency rooms. This helps physicians focus on the more serious cases of coronavirus coming to hospitals and physician offices.

Although member cost-sharing for telehealth virtual medical visits is being waived, physician offices will not see this reflected when checking a patient's benefits via web-DENIS due to resource prioritization.

In addition, the telemedicine originating site requirement has been removed for BCN HMO and BCN Advantage members. With this change, separate BCBSM and BCN Telemedicine Services medical policies have now been combined into one joint Telemedicine Services Medical Policy. While this new joint policy has an official effective date of May 1, 2020, the removal of the originating site requirement is effective immediately. This medical policy can be found on the Coronavirus information updates for providers link on the BCN Provider Publications and Resources or BCBSM Newsletters and Resources web-DENIS pages.

BCBSM/BCN Telemedicine Services policy:

<https://provider.bcbsm.com/therecord/bcn/documents/medpolicy/telemedicine2.pdf>

BCBSM: PCMH Capability To Address Coronavirus

- A new PCMH capability is being implemented to address preparedness and concerns related to coronavirus. New capability requirements include:
- Establish procedures for testing high-risk patients and regularly review and update based on current guidelines
- Maintain documentation in clinical record of testing related decision-making
- Perform testing on all patients who meet established high-risk criteria
- Collect samples based on recommended guidelines
- POs and practices have established process for communicating about guidelines

The PCMH capability incentive is intended to help the PO's and practice with the financial burden and safety concerns associated with testing and caring for potential cases of COVID-19.

Practices that have demonstrated all capabilities (with attestation from their PO) and have tested at least one patient will be awarded \$1,000 for their efforts. Practices will be additionally awarded \$100 per day they complete testing on patient(s) meeting their high-risk criteria. PO's that have engaged their practice units to implement this capability will be awarded \$250 per practice (with attestation). The incentive is effective immediately through April 3, 2020.

MEDICARE

March 6, 2020, CMS issued frequently asked questions and answers (FAQs) for healthcare providers regarding Medicare payment for laboratory test and other services related to the 2019-Novel Coronavirus (COVID-19).

<https://www.cms.gov/newsroom/press-releases/covid-19-response-news-alert-cms-issues-frequently-asked-questions-assist-medicare-providers>

Billing and Coding Guidance:

[Medicare Coverage and Payment Related to COVID-19 \(PDF\)](#)

[COVID-19: New ICD-10-CM Code and Interim Coding Guidance](#)

Coverage Guidance:

[Guidance to help Medicare Advantage and Part D Plans Respond to COVID-19 \(PDF\)](#)

For more information on telehealth benefits in the Medicare program:

<https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

MEDICAID

The following services are covered to treat individuals with COVID-19 infection:

- Practitioner visits and services, including home visits and telemedicine services
- Clinical diagnostic laboratory tests and diagnostic imaging
- Prescribed drugs
- Vaccines
- Medical supplies and equipment
- Inpatient and outpatient hospital services
- Long-term services and supports
- Other ancillary and medically necessary Medicaid-covered services, as appropriate

Physicians are encouraged to contact the Medicaid Health Plans regarding additional services that may be covered for beneficiaries enrolled in a health plan.

Coding Guidance:

Medically necessary diagnostic testing for COVID-19 virus is a Medicaid covered benefit. There are two new Healthcare Common Procedure Coding System (HCPCS) codes for providers who need to test patients for Coronavirus, U0001 and U0002.

- HCPCS U0001 - Providers using the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using HCPCS code U0001.
- HCPCS U0002 - generally describes 2019-nCoV Coronavirus, SARS-CoV-2/2019nCoV (COVID-19) using any technique, multiple types or subtypes, can be used by private laboratories and healthcare facilities.

The Medicaid claims processing system will be able to accept these codes on April 1, 2020 for dates of service on or after February 4, 2020.

For additional coding information:

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

Physicians seeking reimbursement for Medicaid covered services are expected to report the diagnosis code(s) at the highest level of specificity in compliance with the International Classification of Diseases (ICD) coding guidelines and conventions.

Additional Resources:

Final Bulletin MSA 20-09, General Telemedicine Policy Changes:

https://www.michigan.gov/documents/mdhhs/MSA_20-09_683712_7.pdf

[https://www.michigan.gov/documents/mdhhs/Numbered Letter L 20-16-New 684071 7.pdf](https://www.michigan.gov/documents/mdhhs/Numbered_Letter_L_20-16-New_684071_7.pdf)

<https://www.michigan.gov/coronavirus>

HEALTH ALLIANCE PLAN (HAP)

HAP will waive cost-sharing for COVID-19 test for its Medicare, Medicaid and individual members, as well as fully insured employer group customers. Self-insured employer group customers control their own health benefits and HAP is working with its self-insured customers to determine how they will cover COVID-19 testing. For additional information, [visit www.HAP.org](http://www.HAP.org).

SPECTRUM HEALTH

Spectrum Health is offering free virtual screenings for people who are concerned they may have the virus.

PRIORITY HEALTH

Priority Health will be waiving copays for telehealth visits for coronavirus advice and initial screening evaluations through Priority. For additional information, [visit www.priorityhealth.com](http://www.priorityhealth.com).

UNITEDHEALTHCARE (UHC)

UnitedHealthcare (UHC) is expanding policies around telehealth services for Medicare Advantage, Medicaid and commercial membership. UHC will waive the Centers for Medicare and Medicaid's (CMS) originating site restrictions for Medicare Advantage, Medicaid and commercial members, so that care providers can bill for telehealth services performed while a patient is at home. This change in policy is effective until April 30, 2020 but may extend that date if necessary. The policy change applies to members whose benefit plans cover telehealth services and will allow those patients to connect with their physician through audio/video visits. Member cost sharing and benefit plans apply.

For all UHC Medicare Advantage plans, including Dual Eligible Special Needs Plans, any originating site requirements that may apply under Original Medicare are waived so that telehealth services provided via real-time audio and video communication system can be billed for members at home or another location. All CPT/HCPCS codes payable as telehealth when billed with Place of Service 02 and GQ or GT modifiers, as appropriate, under Medicare will be covered on our Medicare Advantage plans for members at home during this time. Standard plan copays, coinsurance and deductibles will apply. Codes that are payable as telehealth under Medicare Advantage can be found at www.cms.hhs.gov.

Additionally, for commercial, Medicare Advantage and some Medicaid plans, UHC already reimburses appropriate claims for several technology-based communication services, including virtual check-ins, which may be done by telephone, for established patients. Until April 30, 2020, UHC will extend this reimbursement to all Medicaid plans. For full details visit <https://www.uhc.com/health-and-wellness/health-topics/covid-19>.



The information contained in this publication is furnished for informational purposes only.

GCMS MEETINGS

APRIL

Practice Managers, 4/2

8:00am, GCMS Office

POSTPONED

GCMS Town Hall, 4/2

6:00pm, Flint Golf Club

POSTPONED

**Community & Environmental
Health Committee**

4/15 - 12:30pm

Finance Committee

4/28 - 5:30pm

Board of Directors

4/28 - 6:00pm

*Save
the Date*

President's Ball

November 7th, 2020

Your HEALTH CARE LAW FIRM



Wachler & Associates represents healthcare providers, suppliers, and other individuals in Michigan and nationally in all areas of health care law, including:

- **Provider Contracting**
- **RAC, Medicare, Medicaid and Commercial Payor Audits**
- **Billing and Reimbursement**
- **Stark Law, Anti-Kickback Statute, and Fraud & Abuse Compliance**
- **Licensure, Staff Privilege and Credentialing**
- **Physician and Physician Group Issues**
- **Corporate and Transactional Matters**
- **Regulatory Compliance**
- **Healthcare Litigation**
- **Healthcare Investigations**
- **Fraud and False Claims Defense**
- **Provider Participation/Termination Matters**
- **HIPAA and HITECH Compliance**

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COVID-19 Precautions for Employers

By JOSÉ T. BROWN, Partner —Cline, Cline & Griffin, P.C.

What is on everyone's mind? Some argue it's "just the flu" and others opine "akin to the bubonic plague". Where do you fall in this spectrum? Employers have a responsibility to inform and communicate this outbreak with employees. Doctors have a responsibility to communicate this outbreak with patients. The recommendations in this short article are not meant to suggest the author is recommending the appropriate treatment or supportive treatment for the Coronavirus. I'm preaching to the choir by providing these recommendations to the health care community. This short article is meant to provide legal advice. From a legal perspective, it is important to notify not only your office staff but also to provide recommendations for all patients especially, those sitting in the waiting room at your offices. This would apply to all urgent care centers, medical offices or emergency departments treating individuals with the "flu."

It is now impossible to avoid the reality that the Coronavirus (COVID-19) is a "public health emergency" of international concern. There are now even immediate health risks for the American public as evidenced by the recent deaths in the State of Washington and the State of California. Now, concerns are raised regarding international and domestic travel bans.

The Center for Disease Control and Prevention ("CDC") indicated as of a week ago that the Coronavirus is not spreading in the community of the United States. One week ago, now COVID-19 is American's worst nightmare. As is also evidenced by the recent stock market decline, the Coronavirus has resulted in a significant impact on the American economy and the American work force.

The CDC has developed interim guidelines, specifically for businesses and employers to reduce transmission and prepare for the potential consequences related to the spread of the Coronavirus. The CDC's guidance for businesses and employers are available on the CDC's webpage. The CDC recommendation actions include the following:

- Actively encourage sick employees or employees with sick family members to stay home. Encourage

telecommuting when possible.

- Isolate and/or send home employees who are sick or who become sick during the workday.
- Educate employees on coronavirus risk assessments and encourage sick employees to seek medical care;
- Ensure sick leave policies are flexible, consistent with federal, state and local laws and consistent with public health guidance and understand that you may have to make exceptions for unique situations;
- Provide awareness of sick leave policies to employees immediately and often;
- Educate employees on respiratory etiquette (cough and sneeze cover) and hand hygiene;
- Perform routine environmental cleaning and provide disposable wipes for employee cleaning use during the day;
- Discourage travel to China, Hong Kong, Iran, Italy, Japan, Singapore, South Korea, Taiwan, Thailand, and cruise ship travel to Asia. Stay up to date on travel restrictions from the CDC.
- If an outbreak occurs in the U.S., be prepared to cancel



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all non-essential business travel and all non-essential large work-related meetings or events.

- Identify essential business functions, jobs or roles, and elements within your supply chains required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or supply chains are interrupted; and
- Create (or refresh) an infectious disease outbreak response plan in writing now, recognizing that the plan's scope and procedures may vary depending on unique business operations and needs.

OSHA requires employers to have a duty to provide a workplace free from recognized hazards that are causing or are likely to cause death or serious physical harm, 29 USC 655(a)(1).

OSHA's website echoes the recommendations indicated above from the CDC.

The New England Journal of Medicine has also supplied a Coronavirus update. The most recent audio interview discusses the preparing for the spread of COVID-19 by Drs. Eric Reuben, Lindsay Baden and Steven Morrissey may be an excellent loop to run in your waiting room monitors.

<https://www.nejm.org/coronavirus?query=RP>

Another equally reliable source is the American

Hospital Association Resources and Special Communications contains the Coronavirus update and guidance and resources for hospitals and health systems:

<https://www.aha.org/2020-01-22-updates-and-resources-novel-coronavirus-2019-cov>

Unfortunately, notification of COVID-19 safeguards imposes an additional responsibility upon employers. Many of these answers are provided in the Harvard Business review link. The link answers 8 important questions which universally applies to all employers.

<https://hbr.org/2020/03/8-questions-employers-should-ask-about-coronavirus>

Diligent planning for global health emergencies can help protect employers, customers and their businesses. However, plans are only as good as their execution. Companies should use the current situation to optimize and battle-test their plans. Whether or not COVID-19 becomes a full-blown pandemic, these capabilities will prove invaluable as the emergence of a global pandemic, caused by this Coronavirus or another agent in the future. It is not a matter of "if" but "when."

Please be aware that our offices would assist in developing a memorandum or a workplace poster for purposes of communicating with your staff and patients.

José T. Brown | 810-232-3141 | jbrown@ccglawyers.com

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STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

FOR IMMEDIATE RELEASE:
Feb. 25, 2020

CONTACT: Bob Wheaton
517-241-2112
wheatonb@michigan.gov

**MDHHS seeks public comment on renewal of Medicaid expansion program
to assist those in Flint affected by water crisis**

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) is requesting public comment on its plan to renew expanded Medicaid coverage to assist people who have been affected by the Flint water crisis.

In 2016, the federal Centers for Medicare & Medicaid Services (CMS) approved Michigan's application for a five-year Medicaid demonstration project in response to the public health emergency due to lead exposure related to the Flint water system. The demonstration expanded coverage to low-income children up to age 21 and pregnant women served by the Flint water system during a state-specified time period and who would not otherwise have been eligible for Medicaid.

"The people of Flint need and deserve state assistance in the continuing recovery from the water crisis," said Kate Massey, senior deputy director of MDHHS Medical Services Administration. "We are committed to continuing to provide help. As of January 2020, 43,421 young people and pregnant women have received expanded Medicaid coverage so that their health needs related to lead exposure can be addressed."

The project expires Feb. 28, 2021, and must be renewed by CMS to continue. MDHHS is seeking approval for a 10-year extension. If approved, the state will maintain the expanded Medicaid coverage to children and pregnant women served by the Flint water system with incomes up to 400 percent of the federal poverty level.

The project is called the Flint Michigan Section 1115 Demonstration. A copy of the complete application, stakeholder notice, and waiver summary is available [on the Section 1115 Waiver webpage](#). You can request hard copies of the materials by contacting msapolicy@michigan.gov. You may also submit comments by email to msapolicy@michigan.gov or by writing the address below:

Michigan Department of Health and Human Services, Medical Services Administration
Medicaid Policy Section, P.O. Box 30479, Lansing, MI 48909-7979. Comments should include "Section 1115 – Flint Waiver Extension" in the email subject line. Comments will be accepted until March 26, 2020.

###

A RESOURCE FOR YOUR PATIENTS



Get Connected. Get Supported. Get Counted.

flintregistry.org

The Flint Registry is a resource to see how the people of Flint are doing and provide support for those impacted by the water crisis. After completing a survey, individuals are referred to services that promote health and development such as education, health and nutrition programs. Support, especially for children, includes referral to Genesee Health System Neurodevelopment Center of Excellence – a new, no-cost child development assessment center.

The Flint Registry is modeled after other public health registries like the World Trade Center Disaster Registry. The Flint Registry is for anyone who was exposed to lead-contaminated water because they worked, lived, went to school, or daycare identified as an address on the Flint water system from **April 25, 2014 – October 15, 2015**, including children who were prenatally exposed. The Flint Registry is for all ages.

Want to learn more? Visit our website at flintregistry.org or call 833-GO-FLINT.

WHAT IS THE LOGO ALL ABOUT?



The logo represents the Sankofa bird, a mythical African bird from the Akan tribe in Ghana. The bird is flying forward, yet looking back, and carrying an egg in its mouth. It is symbolic of always needing to move forward, but never forgetting what happened in the past, and prioritizing the young. The logo suggestion was made by a Flint resident.



Michigan State University College of Human Medicine received funding for this work from the Centers for Disease Control and Prevention (CDC), Grant #NUE2EH001370.

FLINTREGISTRY



Get Connected.
Get Supported.
Get Counted.

People who used Flint water from April 25, 2014 to October 15, 2015 can participate in a voluntary secure registry that will refer them to programs and other resources aimed at minimizing the effects of lead on their health, while promoting wellness and recovery.

**SIGN UP
TODAY!**

Visit

www.flintregistry.org
or call 833-463-5468



FLINTREGISTRY

Get Connected. Get Supported. Get Counted.

flintregistry.org

A p r i l 2 0 1 9

Quick Reference Referral Guide

*for Substance
Use Treatment*



KnowMoreGenesee.org



ABOUT OPIOID ADDICTION
Genesee County Opioid Prevention Project



As a Genesee County provider encountering changes in legislation regarding utilization of the Michigan Automated Prescription System (MAPS), and navigating the substance use treatment system with your patients, the Greater Flint Health Coalition and its Mental Health & Substance Use Task Force offer this referral guide as an introductory resource.

The First Step: Accessing Substance Use Treatment

1 If an individual has **Medicaid, is uninsured, and/or has general questions**, they may call or visit (during business hours) the **Genesee Health System Access Center** at:

- 810-257-3740 (crisis line available 24/7)
- TTY 810-232-6310
- Toll-Free 877-346-3648
- 420 W. Fifth Avenue, Flint, MI 48503 – Open Monday through Friday, 8 a.m. to 5 p.m.

Please have the following information available when calling to expedite the process:

- Name, date of birth, social security number
- Medical insurance card or numbers, including Medicaid (if applicable)
- Names of current medicines and doctors

- Guardianship or court papers (if applicable)
- Special education or other school records (if applicable)
- Drug (quantity, frequency)
- Services needed (detox, inpatient, outpatient)

Fees for services are based on a person's ability to pay; therefore, staff will need to know the household income and number of dependents of the person seeking help. A coverage determination will be made at the time of the screening. Staff will let you know if you can expect to have any cost for your services. No one will be denied services based on their inability to pay.

2 If an **individual has insurance other than Medicaid**, call the insurance plan directly to determine covered services and providers.

Substance Use Treatment Centers in Genesee County and Surrounding Areas

GENESEEE COUNTY RESIDENTIAL CENTERS

Above the Water House

4105 Keyes Street, Flint, MI 48504
(810) 877-2907
Women's recovery housing for females with addiction/alcoholism with mild to moderate psychological impairments.

Flint Odyssey House

529 M.L. King Avenue, Flint, MI 48503
(810) 238-5888
Medication assisted treatment, withdrawal management, long-term residential treatment, outpatient services, recovery housing, women's specialty services, adolescent treatment services.

Kairos Health Care, Holy Cross

8218 N. Jennings Road
Mt. Morris, MI 48458
(844) 452-4767
Corcoran House Residential Treatment for Women

Life Challenge Ministries

Life Challenge of Southeastern Michigan
17667 Pierson Street, Detroit, MI 48219
1230 Dupont St, Flint, MI 48504
(844) 355-LIFE
info@lcministries.org
One-year residential program for men and women with drug, alcohol, and other life-controlling addictions. Affiliated with Teen Challenge USA, International, our goal is more than rehabilitation, Faith based program.

New Paths Inc.

765 E. Hamilton Avenue, Flint, MI 48505
(810) 233-5340
newpaths.org
Short and long-term residential treatment, withdrawal management, outpatient services, recovery housing, 23-hour sobering facility, Court ordered treatment programming.

Salvation Army Adult Rehabilitation (Men Only)

2200 N. Dort Highway, Flint, MI 48506
(810) 234-2678
Long-term residential program, spiritual base, work therapy, group and individual counseling, leisure time activities.





GENESEE COUNTY OUTPATIENT CENTERS & SUPPORT SERVICES

Bio-Med Behavioral Health Care INC. - Flint

1044 Gilbert Road, Flint, MI 48532
(810) 733-7623
Outpatient, integrated treatment, medication assisted treatment.

Catholic Charities

901 Chippewa Street, Flint, MI 48503
(810) 232-9950
Outpatient SUD treatment, Court ordered treatment programming.

Families Against Narcotics – Genesee County Chapter

(810) 397-7175
familiesagainstnarcotics.org
Information regarding prescription drug abuse, local resources, family support network. Available to answer questions regarding substance use and steps to seek treatment.

Genesee Community Health Center

422 W. 4th Avenue, Flint, MI 48503
(810) 496-5777
Integrated health care, treatment services for co-occurring disorders, medication assisted treatment (Suboxone, Vivitrol).

Hamilton Community Health Center

Multiple Locations
(810) 406-HCHN (4246)
Outpatient, substance abuse counseling, Vivitrol program.

Holy Cross Services

4318 Miller Road, Flint, MI 48507
(810) 249-9924
Outpatient SUD treatment, recovery housing.

The GCMS Bulletin



Hope Network

1110 Eldon Baker Drive, Flint, MI 48503
(810) 232-2766
Free family and addiction services.

Insight Wellness Center

4400 S. Saginaw St., Ste. 1370
Flint, MI 48507
(810) 223-0199
Medication assisted treatment, outpatient SUD treatment, services for co-occurring disorders, pain management, physical therapy.

Meridian Health Services

1289-D S. Linden Road, Flint, MI 48532
(810) 620-7501
Outpatient care, integrated treatment, and family therapy.

New Oakland Family Center

2401 South Linden Road,
Flint, MI 48507
(810) 957-4310
Intensive outpatient counseling (dual diagnosis – mental health and substance use disorder).

Remedy Exchange Programs (outreach services)

12745 S. Saginaw, Suite 806-144
Grand Blanc, MI 48439
(810) 449-0159
remedyexchange@gmail.com
PRIME for Life is a program that helps youth and adults learn how to reduce their risk of alcohol and other drug related problems throughout life.

Sacred Heart - Flint

2091 Professional Drive,
Flint, MI 48532
(810) 732-1652
Outpatient, integrated treatment, medication assisted treatment (Methadone, Vivitrol), women’s specialty.

The Serenity House of Flint

954 Church Street, Flint, MI 48502
(810) 893-1276
Informational, holistic options for recovery from addictions.

RESOURCES OUTSIDE OF GENESEE COUNTY

Brighton Center for Recovery

12851 Grand River Road
Brighton, MI 48116
(810) 227-1211
brightonrecovery.org
Inpatient and intensive outpatient.
Provides residential, outpatient, dual diagnosis, and detox services. Will accept private insurance, cash, and Medicare.

Dawn Farms

6633 Stoney Creek Road
Ypsilanti, MI 48197
(734) 485-8725
Adolescent (17+) and adult residential, outpatient. Non-medicated, 12-step based detox is FREE to anyone, even if they do not stay for residential treatment. Transitional housing.

Grace Centers of Hope

35 E. Huron Street, Pontiac, MI 48342
(855) HELP-GCH
Adult residential, family and life-skills programs.

Henry Ford Maplegrove Center

6773 W Maple Road
West Bloomfield, MI 48322
(248) 661-6100
henryford.com
Outpatient and inpatient for adults.
Outpatient only for adolescents.

Kairos Healthcare Adolescents

3400 South Washington Road
Saginaw, MI 48601
(989) 755-1072
Adolescent and adult residential, integrated treatment, informational, prevention and problem assistance, outpatient screening assessment referral and follow-up.

Meridian Health Services

1255 N Oakland Blvd
Waterford, MI 48327
(248) 599-8999
Detox, adult residential, inpatient and outpatient care, integrated treatment, and family therapy.

Sacred Heart – Memphis

400 Stoddard Road
Memphis, MI 48041
(888) 804-7472 Admissions
(888) 802-7472 Admin
Adult residential, detox inpatient, case management, early intervention, integrated treatment, peer recovery and support, screening assessment referral and follow-up, Methadone.
Residential admissions:
(888) 804-7472 or (734) 284-0070
Monday-Friday, 8:30am-5:00pm
Emergency admissions:
(888) 804-7472, ext. 266, weekdays, weekends, and holidays. Sliding fee scale, Medicaid, ABW, and most health insurance.

Salvation Army Harbor Light

42590 Stepnitz Drive
Clinton Township, MI 48036
(586) 954-1838
Adult residential/outpatient, case management, detox, screening assessment referral and follow-up.

Serenity Therapy Center

745 Barclay Circle, #305
Rochester Hills, MI 48307
(586) 219-7010
serenityhelp.com
Outpatient, addiction counseling, family therapy, and interventions.

Teen Challenge of Western Michigan

440 Pontaluna Road
Muskegon, MI 49444
Men's Phone: (231) 798-7927
Women's Phone: (231) 798-2702
Email: info@wm-tc.com
wm-tc.com/contact-us
One year residential program. Faith based.

Vision Quest Recovery

Port Huron, MI
info@visionquestrecovery.com
Program Director: (810) 937-6279
Assistant Program Director:
(248) 421-8143
Transitional housing program, 12-step program, structure, guidelines.

Disclaimer: Resource details provided by Families Against Narcotics. All information was accurate at time of printing. Information is subject to change.

This program is supported by the Michigan Health Endowment Fund.





ABOUT OPIOID ADDICTION

Genesee County Opioid Prevention Project



WE NEED YOUR FEEDBACK

Regarding Genesee County Opioid Use and Treatment Resources.

On behalf of the Greater Flint Health Coalition's Mental Health & Substance Use Task Force, you are invited to provide feedback on the Genesee County Opioid Prevention Project, including the Provider Toolkit. Please complete the survey by following the link below:

<https://www.surveymonkey.com/r/FollowUpPrescribing>

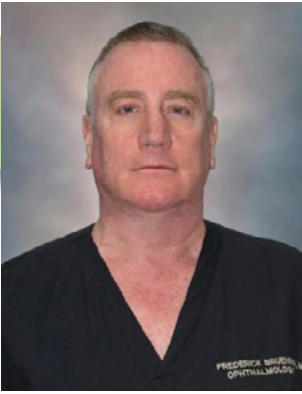
Please complete the survey by April 17, 2020 to help ensure your voice is heard. Feel free to share with your provider colleagues as well. Thank you!



GREATER FLINT HEALTH COALITION

KnowMoreGenesee.org

519 South Saginaw Street, Suite 306 • Flint, MI 48502 • 810.232.2228



Frederick Bruening, MD

Dr. Frederick L. Bruening, 66, passed away on Sunday, Feb. 23, 2020, at McLaren Flint. He is survived by his wife, Tammy.

Dr. Bruening was known to those who loved him as Fritz, was born in 1953, in Jacksonville, NC. He was the second of what would be eight children. From an early age, his passion for science and wrestling was evident. He was gifted both inside the classroom, and “on the mat.” His extracurriculars included founding the first science club at Decorah High School (Iowa), and earning state recognition in wrestling.

Dr. Bruening graduated valedictorian from Decorah High School in 1971. He studied at the University of Notre Dame where he continued to pursue his passions. As a walk-on wrestler at the Notre Dame, he earned status as an all-time monogram winner and served as captain in 1975. He graduated in 1976 with a degree in pre-medical sciences and Latin honors. He then went on to earn his medical degree at the University of Iowa Carver College of Medicine. Despite the academic rigor of the curriculum, Fritz stayed involved in collegiate wrestling during medical school through intramurals, even winning a championship. After earning his medical degree, Fritz completed a medical internship in internal medicine at Good Samaritan Hospital in Phoenix, AZ. He then went on to specialize in ophthalmology at Bowman Gray School of Medicine at Wake Forest University in Winston Salem, NC. He was elected Chief Resident by his peers and superiors. During his residency years, Fritz was often found lingering on the cardiac care floors, carefully constructing casual run-ins with a certain nurse. She eventually obliged to his persistent requests for a date; he and his wife Tammy, married in 1989.

After eight years of practicing in Winston Salem, the couple moved to Grand Blanc, Michigan, where Dr. Bruening became Medical Director of Park Eye & Surgi-Center, in Flint. He was one of few ophthalmologists in the country to perform clear cornea lens extraction for cataracts. His expertise earned him recognition at local, state, and national levels. In 2006, Dr. Bruening was awarded membership to the President’s Council of the

Outpatient Ophthalmic Surgery Society for efforts to actively shape legislation and regulatory proposals that affected the profession. He became Division Chief of Ophthalmology at McLaren Regional Medical Center in 2010 where he served until his passing.

Dr. Bruening also had a passion for teaching, whether it be in a living room or lecture hall. He became a clinical assistant professor within the Department of Surgery and Division of Ophthalmology at Michigan State University Medical School and remained an active member of various medical associations, including the American Medical Association, American Academy of Ophthalmology, Michigan State Medical Society, Genesee County Medical Society, Michigan Kerato Refractive Society, and the Society for Excellence in Eyecare. Though he achieved success as a surgeon, perhaps he will be most remembered for his generosity and humor. Dr. Bruening gave endlessly of his time, talent, and wealth to those near and far, various charities, and his alma mater, Notre Dame. Two of his greatest pleasures were making others laugh and surprising those around him with something special.

Memorials may be given to Holy Family Catholic School in Grand Blanc, MI for the Eighth Grade Trip to Washington, D.C., as well as the Humane Society of Genesee County. A special thank you also to all of the nursing and staff at the Mayo Clinic in Rochester, MN, and McLaren Flint, for their efforts, care, dedication and compassion.





faith care UNITE heart NOW
connect family give HELP
support SHARING
HOPE abundance community FRIEND
inspire COMPASSION GIFT
humanity
PEACE
vision THANK YOU blessings
kindness LOVE unconditional
purpose DONATE

please give



Medical Society Foundation

Consider a donation to the Medical Society Foundation for all of your holiday giving. What a wonderful way of expressing your holiday sentiments while supporting important health related causes.

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time that you tell others how much their health – really means to you.

The Medical Society Foundation funds have been used to support the charitable activities of the Genesee County Medical Society.

Contributions can also be made in memory of an individual or to honor someone.

For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact Sherry Smith at (810) 733-9923 or at ssmith@gcms.org.

Medical Society Foundation Mission Statement: The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.

Mail your donations to:

Medical Society Foundation
4438 Oak Bridge Drive, Suite B
Flint, MI 48532-5400

Genesee County Medical Society
Board of Directors
November 26, 2019 Minutes

Present:

Qazi Azher, MD
Cathy Blight, MD
Laura Carravallah, MD
Ed Christy, MD
John Hebert, III, MD
Gary Johnson, MD
Paul Kocheril, MD

Nita Kulkarni, MD
S. Bobby Mukkamala, MD
Gerald Natzke, DO
EG Raj, MD
Lawrence Reynolds, MD
Brenda Rogers-Grays, MD
John Waters, MD

Present by Phone:

Pino Colone, MD
Rama Rao, MD
Venkat Rao, MD

Staff:

Angie Kemppainen, CAE

I. Call to Order

The meeting was called to order in the Rapport Conference Room at 6:05 pm, by Qazi Azher, MD, President. Dr. Azher reminded Board members that all comments should be directed to him as Chair of the meeting.

II. Review of Minutes

The minutes of the October 22, 2019, Board of Directors meeting were presented.

Motion: that the minutes of the October 22, 2019, Board of Directors meeting be approved as presented. The motion carried.

III. Reports

A) Financial Update

1. Finance Committee

Work has begun on the 2019-2020 budget, but the ongoing audit needs to be finalized before a final version can be submitted to the Board for approval.

2. Balance Sheet

The most current profit and loss and balance sheets were presented.

3. Building Sale Update

Any determination of how the profit will be used depends on the results of the ongoing audit.

4. Audit Update

The auditor is still searching for more back-up regarding financial transactions over the past few years. An in-person meeting with Executive Committee members, past staff and the auditor is in the process of being arranged. The auditor will come in-person at the beginning of 2020 to provide the results of the audit.

E) Medical Society Foundation

The auditor now has full access to the Foundation books.

F) Membership Updates

1. 2020 Dues Received

Ms. Kemppainen reported that dues payments are on track compared to previous years.

2. Board Member Assignments

The Board reviewed the list of former members dropped for non-payment of dues and volunteered to contact those that they knew. Upon contacting, Board members were asked to either update the online list or send status reports to Ms. Kemppainen directly.

3. New Members

A suggestion was made to allow new members to write a half-page introductory profile for the Bulletin.

Motion: that new members be offered the opportunity to run a half-page introductory article in the Bulletin. The motion carried.

D) MSMS Update

Genesee County Medical Society
Board of Directors
October 22, 2019 Minutes

Work is continuing on the MSMS Health Can't Wait initiative, SB 612, addressing prior authorization and step therapy. Advocacy activity is also continuing on the Surprise Billing legislation.

E) President's Report

Dr. Azher again thanked everyone who attended the President's Ball and the sponsors who made it possible. He also informed the Board that he and Ms. Kemppainen would be attending the Islamic Medical Association meeting on January 22, 2020, to pitch membership to their members.

F) Community & Environmental Health Committee

Dr. Natzke reported that the Committee was continuing to research the effects of fluoridated water during pregnancy and how these effects are compounded by the elevated levels of lead in Flint water as well. There was also new information released regarding lung injury because of the use of electronic cigarettes/vaping.

G) Legislative Liaison Committee

Dr. Blight reported that at the December 2, 2019, meeting, the Committee will continue to focus on the topics of Health Can't Wait and Surprise Billing.

H) AMA House of Delegates Interim Meeting

Dr. Colone reported that among the resolutions presented at the meeting, banning conversion therapy and child marriage received a lot of discussions, as they did at the MSMS House of Delegates.

I) Greater Flint Health Coalition

1. Opioid Toolkit

Additional funding may be available from GFHC to continue work on the Opioid Toolkit.

2. Flint Registry Update (FLExR)

Work is ongoing to add Flint residents to the registry. While about 10,000 people have been added to the registry already, nearly 80,000 people are eligible and encouraged to register.

IV. Next Meeting

The next meeting of the Board of Directors will take place on January 28, 2020, at 6:00 pm.

V. Adjournment

No further business appearing, the meeting was adjourned at 6:55 pm.

Respectfully submitted,

Angie Kemppainen, CAE

Executive Director



March 2020 Fitness Calendar

FREE! Commit to Fit! Class Schedule

Commit to Fit! offers fitness classes at **no cost** to all individuals who live or work in Flint and Genesee County. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
MARCH 2020	2	3	4	5	6	7
	<p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Community Meditation Civic Park Health and Wellness 5:30-6:30pm</p>	<p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Davison Area Senior Center 10:00-11:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Yoga Brownell Elementary 4:30-5:30pm</p> <p>Community Yoga Crim Fitness Foundation 5:30pm-6:30pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>	<p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Community Yoga Southwestern Academy 5:30-6:30pm</p> <p>Basic Yoga Insight Health & Fitness Center 6:45pm</p>	<p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Burton Senior Center 9:00-10:00am</p> <p>Arthritis Foundation Exercise Program Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>Yoga Flow U of M-Flint Rec 11:00am</p>
	9	10	11	12	13	14
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March 2020 Fitness Calendar

FREE! Commit to Fit! Class Schedule

<p>16</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>17</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Community Mediation Civic Park Health and Wellness 5:30-6:30pm</p>	<p>18</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Davison Area Senior Center 10:00-11:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Community Yoga Brownell Elementary 4:30-5:30pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>	<p>19</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Community Yoga Southwestern Academy 5:30-6:30pm</p> <p>Basic Yoga Insight Health & Fitness Center 6:45pm</p>	<p>20</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Burton Senior Center 9:00-10:00am</p> <p>Arthritis Foundation Exercise Program Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>21</p> <p>Yoga Flow U of M-Flint Rec 11:00am</p>
<p>23</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Arthritis Foundation Exercise Program Loose Senior Center 2:00-3:00pm</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>24</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Community Mediation Civic Park Health and Wellness 5:30-6:30pm</p>	<p>25</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Davison Area Senior Center 10:00-11:00am</p> <p>Community Yoga Educare 10:00-11:00am</p> <p>Arthritis Foundation Exercise Program Forest Township Senior Center 12:15-1:00pm</p> <p>Community Yoga Brownell Elementary 4:30-5:30pm</p> <p>Zumba Ascension Genesys Health Club 6:45pm</p>	<p>26</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Community Yoga Southwestern Academy 5:30-6:30pm</p> <p>Basic Yoga Insight 6:45pm</p>	<p>27</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Arthritis Foundation Exercise Program Burton Senior Center 9:00-10:00am</p> <p>Arthritis Foundation Exercise Program Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>28</p> <p>Yoga Flow U of M-Flint Rec 11:00am</p>
<p>30</p> <p>Enhance Fitness Hasselbring Senior Center 9:00am</p> <p>Senior Stretch YMCA Downtown 10:00am</p> <p>Pound Ascension Genesys Health Club 10:15am</p> <p>Aqua Fitness UM-Flint Rec Center 5:30-6:30pm</p>	<p>31</p> <p>Enhance Fitness Berston Field House 10:00am</p> <p>Arthritis Foundation Exercise Program Grand Blanc Senior Center 10:00-11:00am</p> <p>Total Body Challenge 10:00-11:00am Brennan Senior Center</p> <p>Splash Fit U of M-Flint Rec 11:00am</p> <p>Chair Aerobics Brennan Senior Center 12:30-1:15pm</p> <p>Community Mediation Civic Park Health and Wellness 5:30-6:30pm</p>				

March 2020 Fitness Calendar

FREE! Commit to Fit! Class Schedule

Basic Yoga (1 hour)

This class is a balanced flow of postures designed to build stamina, strength, and flexibility while promoting weight loss and general stress relief.

Insight Health & Fitness Center (IHFC)

Formerly Hurley Health & Fitness Center
4500 S. Saginaw St
Flint, MI 48507
(810) 893-6489



Community Yoga (1 hour) – This is a yoga class for all levels. Please wear comfortable and loose-fitting clothing. Some yoga mats will be available to borrow as well

Mindfulness@crim.org
(810)-235-7461



Crim Fitness Foundation

452 Saginaw Street Downtown Flint

Senior Stretch (1 hour) - This class will help improve overall strength and flexibility. The class is led by a certified senior fitness instructor who will guide you through the exercises at your own pace. This class is perfect for all ability levels.

YMCA Downtown Flint

411 E. 3rd Street
Flint, MI 48503
(810) 232-9622



Spin/HIIT – Each Zumba® class is designed to bring people together to sweat it on. We take the "work" out of workout, by mixing low-intensity and high-intensity moves for a calorie-burning dance fitness party. Designed for all fitness levels.

POUND® transforms drumming into an incredibly effective way of working out. Instead of listening to music, you become the music in this exhilarating full-body workout that combines cardio, conditioning, and strength training.

Ascension Genesys Health Club

801 Health Park Blvd
Grand Blanc, MI 48439
(810) 606-7300



Each class includes **B**alance and Flexibility, **A**erobic Activity, **S**trength and Resistance Training, and **E**xercise Education

Chair Aerobics

Basic Seated functional fitness class for those who are overcoming mobility issues; includes aerobic activity, core work, and resistance training. Location: *Brennan Senior Center*

Total Body Challenge

Intermediate level workout which includes cardio, strength training, core work, balance and coordination, and flexibility training. Location: *Brennan Senior Center*

Hustle Aerobics

Advanced level workout that incorporates 45 minutes of non-stop cardio to the latest hustle songs followed 15 minutes bodyweight strength training. Location: *Brownell & Eisenhower*

IHFC Water Aerobics

A 1-hour class that will help you strengthen your muscles and cardiovascular system plus improve flexibility. Location: *Insight Health*

Class Descriptions & Locations

Aquafitness/SplashFit- An invigorating water workout. Ideal for all fitness levels. No swimming required

Yoga Flow: Learn yoga at a comfortable pace. Connect your mind's attention to your body's fluidity and movement -- promote strength, flexibility, coordination, agility, stamina and an overall experience of well-being.

University of Michigan-Flint Rec Center

401 Mill Street, Flint, MI 48502
(810) 762-3441



Enhance Fitness (1 hour) – A fun, energizing class geared toward improving overall functioning and well-being. Improve your cardiovascular fitness, strength, flexibility and balance!

TIMES & LOCATIONS:

Hasselbring Senior Center

1002 Home Ave. Flint, MI
(810) 766-7128 Mon, Weds, & Fri 9-10 am



Flint Farmers' Market- Tuesdays &

Thursdays 10:00-11:00 am
300 E. First St Flint, MI
(810) 232-1399

Berston Field House

3300 Saginaw St.
Flint, MI 48505
Thursdays, 10:00am



Main Clinic

2900 N. Saginaw Street
Flint, MI 48505
Wednesdays, 5:30 - 6:30pm

Genesee County Parks and Rec

Visit the calendar at: <http://geneseecountyparks.org/> to learn more about fun family events in Genesee County Parks!

For more information please go to:

- Geneseecountyparks.org or call 800-648-PARK
- Descriptions for classes such as Let's Hike It Baby, Yoga for Kids, Yoga for Families, and more can all be found at the online calendar on Commit2fit.com or geneseecountyparks.org



Arthritis Foundation Exercise Program (1 hour) A low-impact physical activity program proven to reduce pain and decrease stiffness. The routines include gentle range-of-motion exercises that are suitable for every fitness level!

Grand Blanc Senior Center:

Tuesday & Thursdays 10:00am – 11:00am

Swartz Creek Senior Center:

Fridays 11:00am – 12:00pm

Forest Township Senior Center:

Wednesdays 12:30pm–1:30pm

Burton Senior Center

Fridays 9:00am-10:00am

Loose Senior Center

Mondays 2:00pm - 3:00pm



