An Update for NYS Healthcare Providers on COVID-19

April 9, 2020

Elizabeth Dufort, MD, FAAP
Medical Director, Division of Epidemiology
New York State Department of Health
Agenda

• Global, National, New York State Updates
• Testing Updates
• Contact Tracing & Containment
• Community Mitigation
• PPE
• Telehealth
• Healthcare System Surge Response
• Resources
• Pre-planned Q & A: Chat box not feasible with level of attendance
Upcoming Calls

Update: Future weekly calls will be held in April on Thursdays 1-2 PM

- Recordings will be available immediately: [NYSDOH COVID-19 Healthcare Provider website](#)
- In addition to YouTube, an on-demand version of our weekly sessions for healthcare providers in NYS is now available as a podcast – search NYSDOH
- If you are not receiving email invitations to the call series, please work with your Health Commerce System (HCS) site coordinator to receive notifications from the Integrated Health Alerting and Notification System (IHANS)
Disclaimer

• The situation is rapidly evolving, as is our understanding of this new virus.

• All of the information presented is based on our best knowledge as of today.
### Situation Summary: COVID-19 Global, 4/8/2020


<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>1,353,361</td>
<td>79,235</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>114,667</td>
<td>3922</td>
</tr>
<tr>
<td>European</td>
<td>720,219</td>
<td>57,639</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>10,707</td>
<td>426</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>81,993</td>
<td>4,314</td>
</tr>
<tr>
<td>Africa</td>
<td>7,647</td>
<td>326</td>
</tr>
<tr>
<td>Americas</td>
<td>417,416</td>
<td>12,597</td>
</tr>
</tbody>
</table>
COVID-19 CDC Travel Recommendations by Country


- **Level 3** Widespread transmission with US entry restrictions: China, Iran, Most of Europe, UK and Ireland
- **Level 3** Widespread transmission without US entry restrictions: Global Pandemic
Situation Summary: Covid-19 U.S. (April 8, 2020)


• Total cases: 395,011
• Total deaths: 12,754
• All 50 states plus, Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands and Washington DC all reporting cases
Situation Summary: Covid-19 U.S.


Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to April 7, 2020, at 4pm ET (n=395,011)*†
COVID-19 cases in the United States by date of illness onset, January 12, 2020, to April 7, 2020, at 4pm ET (n=156,753)*
NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: NYSDOH COVID-19 website

Statewide

Total Persons Tested 365,153

Total Tested 4/07 25,095

Total Tested Positive 149,316

Sex Distribution of Positive Cases

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>44.8%</td>
<td>54.6%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

New Positives 4/07 10,453

Click County to See Detail
Click Again for Statewide

Albany 342
Allegany 21
Bronx 16,626
Broome 88
Cattaraugus 15
Cayuga 14
Chautauqua 17
Chemung 56
Chenango 63
Clinton 39
Columbia 63
Cortland 16
Delaware 37
Dutchess 1,385
Erie 1,205
Essex 7
Franklin 10
Fulton 14
Genesee 47
Greene 25

Click for Daily Trends
Click for Table View
Click for Fatality Data
FAQs & Helpful Links

NEW YORK STATE
Department of Health
NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: NYSDOH COVID-19 website

Daily Totals: Persons Tested and Persons Tested Positive

Hover over a bar to see details
# NYSDOH COVID-19 Tracker (April 8, 2020)

Found at: [NYSDOH COVID-19 website](https://www.ny.gov/coronavirus)

## Fatalities by County

<table>
<thead>
<tr>
<th>County</th>
<th>Place of Fatality</th>
<th>Residence of Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>6,268</td>
<td>6,268</td>
</tr>
<tr>
<td>Albany</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Allegany</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Bronx</td>
<td>934</td>
<td>989</td>
</tr>
</tbody>
</table>

## Fatalities by Race/Ethnicity

Data is preliminary. With 94% reporting, below is the breakdown for NYS excluding NYC. With 63% reporting, below is the breakdown for NYC as provided by NYCDOHMH.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>NYC</th>
<th>NYS Excl. NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>34% (29% of population)</td>
<td>14% (11% of population)</td>
</tr>
<tr>
<td>Black</td>
<td>28% (22% of population)</td>
<td>18% (9% of population)</td>
</tr>
<tr>
<td>White</td>
<td>27% (32% of population)</td>
<td>62% (75% of population)</td>
</tr>
<tr>
<td>Asian</td>
<td>7% (14% of population)</td>
<td>4% (4% of population)</td>
</tr>
<tr>
<td>Other</td>
<td>4% (3% of population)</td>
<td>2% (1% of population)</td>
</tr>
</tbody>
</table>
### Fatalities by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fatality Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>6,268</td>
<td>100.0%</td>
</tr>
<tr>
<td>0 to 9</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>10 to 19</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>33</td>
<td>0.5%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>118</td>
<td>1.9%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>265</td>
<td>4.2%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>663</td>
<td>10.6%</td>
</tr>
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</table>

### Fatalities by Sex

<table>
<thead>
<tr>
<th>Gender</th>
<th>Fatality Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>6,268</td>
<td>100.0%</td>
</tr>
<tr>
<td>Female</td>
<td>2,447</td>
<td>39.1%</td>
</tr>
<tr>
<td>Male</td>
<td>3,812</td>
<td>60.8%</td>
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<tr>
<td>Unknown</td>
<td>9</td>
<td>0.1%</td>
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</table>
### Top 10 Comorbidities by Age Group

(5,424 out of 6,268 (86.5%) total fatalities have at least one comorbidity)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Hypertension</th>
<th>Diabetes</th>
<th>Hyperlipidemia</th>
<th>Coronary Artery Disease</th>
<th>Renal Disease</th>
<th>Dementia</th>
<th>COPD</th>
<th>Cancer</th>
<th>Atrial Fibrillation</th>
<th>Congestive Heart Failure</th>
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<tbody>
<tr>
<td>Grand Total</td>
<td>3,481</td>
<td>2,219</td>
<td>1,163</td>
<td>785</td>
<td>660</td>
<td>585</td>
<td>532</td>
<td>494</td>
<td>456</td>
<td>428</td>
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<tr>
<td>90 and Over</td>
<td>420</td>
<td>169</td>
<td>127</td>
<td>86</td>
<td>72</td>
<td>173</td>
<td>54</td>
<td>70</td>
<td>94</td>
<td>85</td>
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<tr>
<td>80 to 89</td>
<td>999</td>
<td>555</td>
<td>334</td>
<td>270</td>
<td>169</td>
<td>226</td>
<td>171</td>
<td>152</td>
<td>178</td>
<td>146</td>
</tr>
<tr>
<td>70 to 79</td>
<td>1,633</td>
<td>728</td>
<td>368</td>
<td>247</td>
<td>183</td>
<td>135</td>
<td>176</td>
<td>146</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>60 to 69</td>
<td>637</td>
<td>499</td>
<td>208</td>
<td>131</td>
<td>145</td>
<td>43</td>
<td>90</td>
<td>99</td>
<td>45</td>
<td>51</td>
</tr>
</tbody>
</table>
Updated Case Counts: NYS COVID-19

- Total COVID-19 hospitalizations currently
  - 18,279
- Daily change:
  - Total hospitalizations: 200
    - ICU admissions – 84
    - Intubations – 88
  - Lowest daily increases in over 3 weeks
- Deaths
  - 7,067 (increase of 799)
    - Largest single day number yet
Telehealth Discussions with Your Patients

• First discussion on testing → TELEHEALTH

• TELEHEALTH SLIDES TO FOLLOW
Alternative Specimen Collection Sites - COVID-19 Testing

• For patients who do not require clinical care in a healthcare setting

• Facilitate collection of samples in a setting that maintains the safety of the staff and other patients, allows the patient ease of access to specimen collection, and relieves the burden on healthcare facilities
  – The NYSDOH alternative specimen collections sites are available in areas with significant community transmission, with plans for expansion.
  – Call NYSDOH COVID-19 Hotline (888-364-3065) or LHD for information on sites in your area or check public health website(s) for information on local testing options
  – Additionally, some area health systems and practices may choose to set up their own alternative specimen collection sites to serve their patient population and community.
Alternative Specimen Collection Sites - COVID-19 Testing

• Expand sites
  – NY Metropolitan Region
  – Upstate
  – Increase testing in minority communities
Molecular Initial Diagnostic Testing for COVID-19

- Ideally collect a nasopharyngeal (NP) swab
- If nasopharyngeal (NP) supplies are unavailable:
  - A nasal and an oropharyngeal swab acceptable alternative
    - Can be combined in one viral transport media vial for the Wadsworth Center or as laboratory allows
  - A nasal swab and saliva acceptable alternative
    - Wadsworth Center or as laboratory allows
    - Patient self-collection with healthcare personnel observation from 6 ft distance
      - HCP observing the sampling should wear a facemask and gloves, as well as eye protection, if available (face shield or goggles)
    - Benefit of conservation of PPE, for situations where patient can self collect
    - Saliva – a sterile specimen container, transport within 24 hrs (per lab guidance)
- Swabs must be placed in Viral Transport Media (VTM), Molecular Transport Media (MTM), or Universal Transport Media (UTM)
CDC Guidance Infection Prevention and Control – Specimen Collection

• When collecting respiratory specimens directly (e.g., nasopharyngeal or oropharyngeal swabs) from a possible COVID-19 patient:
  • PPE: N-95 or equivalent respirator (or facemask if a respirator is not available), eye protection, gloves, and gown
  • Limit those in the room to essential
  • Normal examination room with the door closed
  • Clean and disinfect procedure room surfaces promptly
If using a laboratory other than the Wadsworth Center, follow the laboratory’s guidance for all specimen collection, handling, and transport processes, including whether nasal swab AND saliva specimen, or nasal swab AND OP swab specimen collection methods are acceptable alternatives to an NP swab.
Testing for COVID-19

Testing guidance can be found on the NYSDOH COVID-19 website including:

1. Specimen collection, storage, and packaging guidance
2. The Wadsworth Center Infectious Disease Requisition (IDR) form (*filled out for each patient and sent to with the specimen*)
3. A packaging and transport checklist
COVID-19 Testing Laboratory Requisitions

• Due to growing concerns about health disparities related to COVID-19 and to inform the development of interventions to address any disparities

• It is important to collect complete demographic information at the time of COVID-19 testing

• Wadsworth Center has updated the IDR form to include race and ethnicity information

• Clinical laboratories to ensure laboratory order requisition forms are updated to include information on patient sex/gender identity and race/ethnicity
  – Where possible accurate collection of sex and gender identity information, including for transgender and/or gender non-conforming patients
Available Molecular Assays

www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd

- There are 31 PCR-based assays for SARS-CoV-2 that have been approved under the FDA’s EUA process
- The majority of these are assays that can be used in a high-complexity laboratory
- One is a waived assay
- One is also point-of-care
- There are many supply chain issues
Available Serology Assays

Antibody-based assays are being developed at multiple labs but are not yet widely available

There is one assay that is FDA approved

There are 51 serology assays listed on the FDA website

These are NOT FDA reviewed, nor approved

Be aware of these disclaimers if you use these tests

- This test has not been reviewed by the FDA
- Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in recent contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
- Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.
- Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E
Contact Tracing and Containment

• It is now believed that up to 25% of spread of SARS-CoV-2 is from pre-symptomatic or asymptomatic transmission

• Now recommend local health department/public health to identify contacts to a confirmed or suspect case who had exposure up to 48 hours prior to symptom onset

• Similarly, new data are emerging that suggests that a percentage of individuals infected with SARS-CoV-2 will remain asymptomatic
  – When learning of asymptomatic positive cases of COVID-19, public health should conduct contact investigations, with the period of exposure risk beginning at 48 hours before the specimen collection date
Contact Tracing and Containment

- In the community setting, the **definition of close contact** with COVID-19 cases:
  - For purposes of contact investigations and potential movement restrictions such as quarantine, includes, but is not limited to:
    - Sharing the same household
    - Direct physical contact
    - Direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand)
    - Being within 6 feet of a case for 10 minutes or more (e.g. room, car)
    - Local Health Departments should consider other factors such as proximity of contact, duration of exposure (e.g. longer exposure time likely increases exposure risk), and whether the individual has symptoms (e.g. coughing likely increases exposure risk), when deciding whether an exposure resulted in close contact
Goals for Community Mitigation Measures

- Delay exponential growth in cases
  - Provide more time for preparation
  - Allow flu season to end
- Decrease height of the peak
  - Eases peak demand on healthcare and public health systems
- Reduce total number of cases

NYS Community Mitigation

• NY PAUSE and social distancing are working to flatten the curve
  – 18 days of NY PAUSE
• Even as the rate in hospitalizations and ICU admissions flattens, mortality may continue to rise
• We need to continue to flatten the curve
• NY PAUSE extended through April 29th
• NYS working to improve rapid testing
Masks for the Public

• Recent studies have shown that a significant portion of individuals infected with the virus are asymptomatic.
• Asymptomatic individuals, even if they eventually develop symptoms, can transmit the virus to others before showing symptoms.
• This means that the virus can spread between people in close proximity — for example, speaking, coughing, or sneezing — even if those people are not exhibiting symptoms at the time.
• Considering this new evidence, NYSDOH supports members of the public who choose to wear cloth face coverings in public settings, where social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community transmission.
Masks for the Public

- When wearing cloth face coverings, New Yorkers should:
  - Make sure that they fit snugly and cover their nose and mouth
  - Be changed frequently and laundered when they are soiled or wet
  - Not become complacent with other protective measures
    - Do not touch the cloth covering or face
    - Continue to be vigilant with thorough and frequent hand washing
      - Soap and water, or alcohol-based hand sanitizer of 60%+ alcohol
    - Practice respiratory etiquette and cover your coughs or sneezes
    - Practice social distancing – even when wearing masks
    - Stay home and help flatten the curve!
Infection Prevention and Control

Emily Lutterloh, MD, MPH
Director, Bureau of Healthcare Associated Infections
NYSDOH
Options when PPE is in short supply

Health Advisory: Options when Personal Protective Equipment (PPE) is in Short Supply or Not Available
Please distribute immediately to: Administrators, Infection Preventionists, Medical Directors, and Nursing Directors

Healthcare entities should continue to submit requests for PPE through their local Office of Emergency Management. New York State continues to fulfill requests for PPE, as available. However, NYSDOH has become aware of instances in which healthcare providers, facilities, or practices are using or considering alternative means to manage PPE shortages, such as:

- Use of dubious means to attempt to disinfect N95 respirators or face masks (e.g. putting them in the dishwasher)
- Use of a ventilator circuit filter attached to a disposable anesthesia facemask and strapped to the face in place of an N95 respirator
- Use of homemade cloth masks

If all efforts to obtain PPE through vendors and local Office of Emergency Management are exhausted or unsuccessful, healthcare providers should refer to the CDC guidance entitled “Strategies for Optimizing the Supply of PPE” [https://www.cdc.gov/coronavirus/2019-ncov/healthcare-supply/ppe-index.html]. Conventional, then contingency, then crisis capacity strategies should be used in that order, as feasible. Many of the options from the CDC guidance document are summarized below:

For general guidance on the use of PPE in healthcare settings, please refer to CDC guidance entitled “Healthcare Supply of Personal Protective Equipment” [https://www.cdc.gov/protecting/2019-ncov/healthcare-supply/ppe-index.html]. Facilities and providers need to plan and prepare now for the unavailability of PPE. Facilities and providers implementing crisis strategies should document their inability to follow conventional or contingency strategies and, if possible, develop written protocols that maximize the safety of patients and healthcare personnel (HCP).

Recommendations when PPE is in Short Supply or Not Available

These contingency and crisis recommendations are based on the CDC guidance and assume that conventional capacity strategies are no longer possible. Although they have been listed in priority order, safety evidence is lacking, and facilities may need to deviate based on feasibility.

General
Personal Protective Equipment (PPE) Updates

April 3, 2020

To: Manufacturers of Imported, Non-NIOSH-Approved Disposable Filtering Facepiece Respirators; Health Care Personnel; Hospital Purchasing Departments and Distributors; Importers and Commercial Wholesalers; and Any Other Applicable Stakeholders.

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3(b)(1)(C)), the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared on March 2, 2020, that circumstances exist justifying the authorization of emergency use of personal respiratory protective devices during the Coronavirus Disease 2019 (COVID-19) outbreak, subject to the terms of any authorization issued under that Section.1

On April 3, 2020, in response to this evolving public health emergency and continued concerns about filtering facepiece respirator (FFR or respirator) availability, FDA concluded based on the totality of scientific evidence available that certain product classifications for imported disposable FFIs that are manufactured in China and not NIOSH-approved and for which data exists that supports the respirators’ authenticity, are appropriate to protect the public health or safety (as described under section II Scope of Authorization) under section 564 of the Federal Food, Drug, and Cosmetic Act (Act) (21 U.S.C. § 360bbb-3). Under this EUA, authorized respirators listed in Appendix A are authorized for use in healthcare settings by healthcare personnel (HCP)2 when used in accordance with CDC recommendations to prevent wearer acquisition of infection.

Appendix A: Authorized Respirators

Updated: April 3, 2020

The Authorized Respirators

Authorized respirators should be used in accordance with CDC’s recommendations. For the most current CDC recommendations on optimizing respirator use, please visit CDC’s webpage: Strategies for Optimizing the Supply of N95 Respirators.

Authorized Imported, Non-NIOSH Approved Respirators Manufactured in China

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Respirator Model(s)</th>
<th>Country of Manufacture</th>
</tr>
</thead>
<tbody>
<tr>
<td>BYD Precision Manufacturing Co., Ltd.</td>
<td>BYD KN95 Particulate Respirator (Model Number: DG3101)</td>
<td>China</td>
</tr>
<tr>
<td>Wein Technology Development Co., Ltd.</td>
<td>FFP2 NR E-300, FFP2 NR E-680, FFP2 NR 932, FFP2 NR F-920</td>
<td>China</td>
</tr>
</tbody>
</table>
COVID-19 Healthcare System Surge

Marcus Friedrich, MD, MHCM, MBA, FACP
Chief Medical Officer, Office of Quality and Patient Safety
NYSDOH
COVID-19 Healthcare Surge Response

• Telehealth
• Elective Surgeries
• Hospital System Surge
• Healthcare Provider Update and Compilation
• Volunteering
COVID-19 Telehealth Services

• To the extent it is practical, the Department encourages the use of telehealth to provide COVID-19 related services.

• The NYS Telehealth Parity Law requires commercial insurers (under the jurisdiction of the Division of Financial Services) and the Medicaid program (administered by the Department of Health) to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person.
Encouraging Use of Telehealth Services During COVID-19 National Emergency

• Effective immediately, Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) 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.

• 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.
  – **Acceptable Examples (non-public facing):** Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype
  – **Unacceptable (public facing):** Facebook Live, Twitch, TikTok

Telehealth Services During COVID-19 - Medicaid

- FAQ provides additional clarification regarding face-to-face visits, telemedicine, telephonic, and other forms of remote care provision
- Posted on the COVID-19 Guidance for Medicaid Providers webpage, which is updated regularly with guidance and information
- NYSDOH will host a webinar to explain the Telehealth and Telephonic guidance and take questions (a separate notice with details regarding the webinar is forthcoming)

Frequently Asked Questions Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency

The intent of this document is to provide additional information regarding the broad expansion for the ability of all Medicaid providers in all situations to use a variety of communication methods to deliver services remotely during the COVID-19 State of Emergency, to the extent it is appropriate for the care of the member. This document is intended to accompany previously issued guidance regarding telehealth and telephonic communication services during the COVID-19 State of Emergency issued via Medicaid Updates beginning in March 2020, which are available on the Department of Health website at https://www.health.ny.gov/health_care/medicaid_program/update/2020/m03_2020_03_covid_19_telehealth.htm

This guidance does not change any other Medicaid program requirements with respect to authorized services or provider enrollment and does not expand authorization to bill Medicaid beyond service providers who are currently enrolled to bill Medicaid for Services (FFS) or contracted with a Medicaid Managed Care Plan.

Effective for dates of service on or after March 1, 2020, for the duration of the State Disaster Emergency declared under Executive Order 282, (herein referred to as the “State of Emergency”), or until the issuance of subsequent guidance by the NYSDOH prior to the expiration of such state disaster emergency declaration, New York State Medicaid will reimburse telephonic assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended and is appropriate for the member to be evaluated and managed by telephone. This guidance is to support the policy that members needing care should be treated through telehealth provided by all Medicaid qualified practitioners and service providers, including telephonically, whenever possible to avoid member congregating with potentially infected patients. Telephonic communication will be conducted when provided by any qualified practitioner or service provider. All telephonic encounters documented as appropriate by the provider would be considered medically necessary for payment purposes in Medicaid FFS or Medicaid Managed Care. All other requirements in delivery of these services otherwise apply.

The following information applies to all Medicaid providers and providers contracted to serve Medicaid members under Medicaid managed care plans. However, the Office of Mental Health (OMH), the Office for People with Developmental Disabilities (OPWDD), the Office of Children and Family Services (OCFS), and the Office of Addiction Services and Supports (OSSAS) have issued separate guidance on telehealth and regulations that will align with state law and Medicaid payment policy for Medicaid members being served under their authority. Links provided in this document to offer relevant guidance.
# Office-Based Surgery Practices (April 4, 2020)

<table>
<thead>
<tr>
<th>Tier 1a</th>
<th>Action: Postpone surgery/procedure</th>
<th>Definition: Low acuity surgery/healthy patient – Outpatient surgery with low morbidity and mortality. Requires in-hospital stay.</th>
<th>Locations: Hopital OBS* with low COVID-19 census</th>
<th>Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Carpal tunnel release</td>
<td>- Colonoscopy for routine screening</td>
<td>- Cataracts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hysteroscopy</td>
<td>- Cosmetic surgery</td>
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<table>
<thead>
<tr>
<th>Tier 1b</th>
<th>Action: Postpone surgery/procedure</th>
<th>Definition: Low acuity surgery/healthy patient</th>
<th>Locations: Hospital OBS* with low COVID-19 census</th>
<th>Examples:</th>
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<td></td>
<td></td>
<td>- Endoscopies</td>
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<table>
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<tr>
<th>Tier 2a</th>
<th>Action: Consider postponing surgery/procedure</th>
<th>Definition: Intermediate acuity surgery/healthy patient – Outpatient surgery with moderate morbidity and mortality. Requires in-hospital stay.</th>
<th>Locations: Hospital OBS* with low COVID-19 census</th>
<th>Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Non-urgent spine &amp; ortho: including hip, knee replacement and elective spine surgery</td>
<td>- Stable urethral colic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2b</th>
<th>Action: Postpone surgery/procedure if possible</th>
<th>Definition: Intermediate acuity surgery/healthy patient</th>
<th>Locations: Hospital OBS* with low COVID-19 census</th>
<th>Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Intermediate acuity surgery/healthy patient</td>
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</table>

<table>
<thead>
<tr>
<th>Tier 3a</th>
<th>Action: Do not postpone</th>
<th>Definition: High acuity surgery/healthy patient</th>
<th>Locations: Hospital OBS*</th>
<th>Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Most cancers</td>
<td>- Neurosurgery</td>
<td>- Intractable Pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Highly symptomatic patients</td>
<td>- Limb threatening vascular surgery</td>
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<table>
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<tr>
<th>Tier 3b</th>
<th>Action: Do not postpone</th>
<th>Definition: High acuity surgery/healthy patient</th>
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<th>Examples:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>- Transplant</td>
<td>- Trauma</td>
<td>- Cardiac w/ symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Highly symptomatic patients</td>
<td>- Limb threatening vascular surgery</td>
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This memo provides further guidance for the implementation of Governor Andrew M. Cuomo’s Executive Order Number 202.10, Continuing Temporary Suspension and Modification of Laws Related to the Disaster Emergency issued on March 23, 2020 and the March 23, 2020 memo. COVID-19 Directive to Increase Availability of Beds by a Minimum of 50% and Provide Necessary Staffing and Equipment, as they relate to office-based surgery (OBS).

The March 23, 2020 memo included a table, developed by the Centers for Medicare and Medicaid Services (CMS), that delineates tiers of surgeries and procedures that should be postponed and those that may be performed through April 22, 2020, or until such time that the New York State Department of Health (NYSDOH) provides notice that normal operations may resume. Postponing non-essential surgeries and procedures, as well as prioritizing high-acuity surgeries and procedures, will assist the State’s efforts to maximize the availability of hospital resources during the COVID-19 public health emergency.

The original CMS table did not specifically include Office-Based Surgery (OBS). Therefore, the CMS table below has been amended by NYSDOH to clarify its inclusion, with examples of procedures of particular relevance to OBS practices, such as plastic surgery.

Non-essential elective and non-urgent procedures are defined as all Tier 1 and Tier 2 Actions. Please note that the procedures listed in “Examples” are not meant to be an exhaustive list. When making clinical decisions regarding the need for a procedure during the COVID-19 public health emergency, the goal of minimizing the use of hospital resources, such as emergency department visits, should be a high priority.

Thank you for your commitment to ensuring our inpatient resources are maximized during the COVID-19 response.
Healthcare System Surge

- **April 7, 2020 Governor Cuomo Executive Order**
  - Allows the state to redistribute ventilators and personal protective equipment to hospitals in highest need
  - Allows medical students that are slated to graduate to begin practicing immediately to help with the state’s surge healthcare force

- **Increase hospital bed capacity**
  - NYS now has 90,000 available hospital beds up from a starting point of 53,000
  - Javitz Center temporary hospital facility taking patients with COVID-19
  - USNS Comfort taking patients with COVID-19
HCP Compilation (Week of March 30th)

COVID-19 Weekly Healthcare Provider Update Compilation: Week of March 30, 2020

Purpose: The purpose of this publication is to provide healthcare providers in New York State with a weekly consolidated update of COVID-19 guidance released by the New York State Department of Health (NYSDOH). This will show only current guidance for any given topic and will be updated to reflect new guidance.

As a reminder, all advisories and informational messages (including webinar invitations) are distributed through the Integrated Health Alerting Network System (HAINS), an application hosted on the Health Commerce System (HCS). If you are not receiving HAINS notifications, please work with your site’s HCS coordinator. Additional COVID-19 resources may be found on the NYSDOH webpage under Information for Healthcare Providers.

Recordings of COVID-19 Weekly Healthcare Provider Updates are also available on NYSDOH webpage.

<table>
<thead>
<tr>
<th>Guideline/Health Advisory Topic</th>
<th>Link(s)</th>
<th>Date</th>
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<tr>
<td>Testing/Specimen Collection</td>
<td>Specimen Collection/Handling Instruction</td>
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<td>Infectious Disease Regulation</td>
<td>3/20/20</td>
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<tr>
<td></td>
<td>Packaging and Transport Instructions</td>
<td>3/20/20</td>
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<tr>
<td></td>
<td>Additional Capacity Guidance (Collection, image, treatment)</td>
<td>3/19/20</td>
</tr>
<tr>
<td>Testing Protocol</td>
<td>3/22/20</td>
<td></td>
</tr>
<tr>
<td>Infection Control and Personal Protective Equipment</td>
<td>Requests for PPE should go through your regional OEM</td>
<td>3/23/20</td>
</tr>
<tr>
<td></td>
<td>REMINDER: Providers should follow the process outlined by the Commissioner of Health for requesting resources through the county and NYS Office of Emergency Management. NYSDOH stresses the importance of making requests at least 10 days before you expect those supplies to be exhausted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infection Control Guidance (CDC)</td>
<td>3/23/20</td>
</tr>
<tr>
<td></td>
<td>Optimizing PPE (CDC)</td>
<td>3/23/20</td>
</tr>
</tbody>
</table>

Quarantine/Isolation: Process for Discontinuation of Home Isolation
Precautionary Quarantine, Mandatory Quarantine, and Isolation
Exposure: Contact of a Contact Guidance
Protocols for Personnel to Return to Work Following COVID-19 Exposure
Telehealth: Medicaid Coverage and Reimbursement
Pregnancy/Pediatrics: Pregnancy Resources
Visitation Guidance in Obstetrics and Pediatrics
Elective Surgery: Governor Cuomo, through Executive Order, has directed all office-based surgery, general hospitals, and ambulatory surgery centers to cancel all elective surgeries to maximize hospital bed capacity.
Staffing: Governor Cuomo, through Executive Order, has increased staffing resources by expanding the scope of practice for designated practitioners.
HIV Care Providers: COVID Letter to HIV Care Providers.pdf
Mental Health Resources: Managing Stress and Anxiety
OMH COVID-19 Guidance Documents

3/28/20
3/20/20
3/28/20
3/28/20
3/20/20
3/21/20
3/27/20
3/23/20
3/23/20
3/20/20
3/16/20
Support New York's response. New York State is doing all it can to keep New Yorkers safe and stop the spread of COVID-19. But we're stronger if we all work together.
THE STATE IS TAKING MEASURES TO CREATE A RESERVE WORKFORCE

Seeking Qualified Health Professionals

Health, Mental Health, and Related Professionals

With your help, New York State is working to protect our residents and strengthen our public health system. We are looking for qualified health, mental health, and related professionals who are interested in supporting the state’s response.

School of Public Health, School of Medicine, or School of Nursing Administrators

We appreciate your commitment to the health and safety of all New Yorkers and look forward to building on our partnership. We are looking for qualified individuals who are interested in supporting the state’s response.
COVID-19 Resources
Coronavirus Disease 2019 (COVID-19) — Information for Providers

Daily Syndromic and Case Data Update

The following documents provide information about people confirmed to have COVID-19 in NYC. They will be updated each weekday morning.

The total number of positive cases in the city are updated continuously. This update reflects data as of the previous day at 6 p.m. Due to public health guidance that people with mild illness stay home and not get tested, these data may not reflect the true number of positive COVID-19 cases in NYC and may overrepresent the volume of hospitalized cases.

As of March 18, 6 p.m.:

- [COVID-19 Daily Case Data Summary](#) (PDF)
- [NYC Flu-like Illness Data 2016-Current](#) (PDF)
Mental Health Resources

Guidance on COVID-19

- OMH Psychiatric Center Visitor Restriction Guidance (3/14/2020)
- COVID-19 Guidance for Children’s Waiver Service Providers (3/14/2020)
- DOH Medicaid Updates – Special Editions
- COVID-19 Guidance for Health Homes (3/14/2020)
- Guidance for NY’s Behavioral Health Programs (3/11/2020)
- Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19
- Interim Guidance for Large Gatherings and Public Spaces During the COVID-19 Outbreak
- OMH Guidance for Managing Stress and Anxiety During the COVID-19 Outbreak

COVID-19 Telemental Health Guidance

- Supplemental Guidance – Use of Telehealth for People Served by OMH Licensed or Designated Programs Affected by the Disaster Emergency (REVISED - 3/17/2020)
- Self-Attestation of Compliance to Offer Telemental Health Services (REVISED - 3/13/2020)
- DOH Medicaid Update Special Edition: COVID-19 Telephonic Communication Services
- OASAS Telepractice Waiver Update
- Interim Guidance Regarding the Delivery of Services Through the Use of Telehealth Modalities in Facilities Certified or Operated by OPWDD
- Use of Telemental Health for People Affected by the Disaster Emergency (3/15/2020)
• For everyone
• For individuals receiving mental health services
• For parents
• For caregivers of older adults
• For mental health providers
Mental Health Resources

• NYS Mental Health Helpline
  1-844-863-9314

• The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling.
Medical Matters 2020

Sponsored by the Medical Society of the State of New York

Psychosocial Dimensions of Infectious Outbreaks
Live Webinar

Wednesday, April 1, 2020 @ 7:30am

Faculty: Craig Katz, MD

Educational Objectives:
- Understand common human reactions to infectious outbreaks
- Explore factors that influence how people react
- Describe how to apply historical lessons to your own medical practice

To register, please: Click Here

For more information, contact Melissa Hoffman at mhoffman@mosny.org or call (818) 485-8885

Funding provided by the New York State Department of Health

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 1.0 AMA PRA Category 1 credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
NYSDOH COVID-19 Website

Novel Coronavirus (COVID-19)

Protect Yourself and Your Family

Stay home and keep a safe distance from others in public. It's the only way to help slow the spread of Coronavirus.

WATCH VIDEO

SYMPTOMS

Last Updated: March 17, 2020 at 8:15 PM
Symptoms

The 2019 novel coronavirus may cause mild to severe respiratory symptoms.

COVID-19 Testing

Learn more about testing protocol now that the FDA has approved New York to begin its own testing.

Know Your Rights

The health and safety of New Yorkers is the top priority, co-pays for telehealth visits have been waived.

OVERVIEW

MOBILE TESTING

PROTOCOL FOR TESTING

TESTING

INSURANCE

UNEMPLOYMENT

WHAT TO LOOK FOR

LEARN MORE

LEARN MORE
## Protecting the Public Health of All New Yorkers

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<td>Mandatory and Precautionary Quarantine</td>
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<td>Mass Gatherings</td>
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<td>Healthcare Providers</td>
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<tr>
<td>Nursing Homes</td>
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<td>Schools</td>
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<td>Childcare Providers</td>
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<td>Employees &amp; Employers</td>
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<td>Insurance</td>
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<td>Voting</td>
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<td>International Travel</td>
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<tr>
<td>Cyber Security</td>
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<tr>
<td>Price Gouging</td>
</tr>
</tbody>
</table>
NYSDOH COVID-19 Website

Have a Question? Call the Novel Coronavirus Hotline 24/7 at 1-888-364-3065

Information for Providers

Novel Coronavirus (COVID-19)  Last Updated: March 17, 2020 at 8:15 PM

Protect Yourself and Your Family

Stay home and Keep a Safe Distance from others in public. It’s the only way to help slow the spread of Coronavirus.

WATCH VIDEO  SYMPTOMS
**ATTENTION ALL PATIENTS**

**STOP**

If you have:

- Fever
- Cough
- Trouble breathing

- Call this number ____________________.
- Tell them your symptoms.
- Ask where you should go and what you should do.
- Put on a mask before going inside.

---

**ATTENTION ALL VISITORS**

**STOP**

No visitors are allowed at this time.

If you feel there is an urgent need for visitation, please contact ____________________.

**DO NOT VISIT**
Questions or Concerns

• Call the local health department www.health.ny.gov/contact/contact_information/

• In New York City: Notify the NYC DOHMH provider access line (PAL)
  – 1-866-NYC-DOH1 or 1-866-692-3641 (works 24 hours/day x 7 days/week)

• Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends, and holidays
QUESTIONS?

THANK YOU!