In light of COVID-19, Rural Health Clinics may be faced with decisions about modifying hours of operation.

For state compliance, any RHC facility making significant changes in operations due to COVID-19 should send an email to CLIA@health.mo.gov. The email should include:

* Clinic/facility name and address;
* CMS number, if possible;
* The changes being made.

If DHSS has further questions, they will follow up.

Below are other actions to consider if your clinic modifies operational/ patient care schedules:

* Post notices/ signage on and around the building with updated hours. If you have multiple clinics, you may wish to post the notice in other system clinics as well.
* Consider transferring calls/ phone lines to another facility that is open.
* Update hours of operation on website, social media, and voicemails. If your employees have hours of operations in their voicemails, remind them to update the message.
* Announce the change of schedule via social media, email list, news release, and other appropriate means.
* Be aware of deliveries on closed dates. You may consider shipping to an alternative address or posting signage for where you would like deliveries left.
* Notify your local health department and other community partners.

If your clinic is considering closing a facility or limiting operations as a result of COVID-19, please note this guidance from CMS:

***Are Medicare-participating healthcare facilities, such as ASCs, CMHCs, CORFs, OPTs, and RHCs/FQHCs required to remain open during this outbreak?***

*The CMS health and safety requirements (i.e., the conditions of participation/conditions for coverage/certification) do not contain specific requirements for outpatient setting healthcare facilities to remain open during certain hours (e.g., Medicare-certified ASCs do not have the same statutory requirement of a hospital to provide 24 hour care). Therefore, if it is in the best interest of the facility’s patients to cancel appointments and temporarily close the facility during an outbreak, that may be acceptable. Facilities should follow their emergency preparedness program policies and procedures to determine whether closure of the facility is appropriate and ensure patients receiving services are notified. Facilities should follow guidance of State and local health departments as conditions change in their state and area. CMS will not take administrative actions with respect to facilities who need to temporarily close during the outbreak, however, facilities are expected to resume operations or voluntarily terminate their Medicare enrollment within 30 days of the public health emergency being lifted.*

***If a Medicare-participating healthcare facility decides to voluntarily close temporarily or is asked to close by a state or federal recommendation, would that constitute a cessation of business/voluntary termination?***

*As a result of the ever evolving COVID-19 pandemic, CDC guidelines currently recommend delaying and rescheduling all elective and non-urgent visits/admissions to preserve staff, PPE, and patient care supplies (https://www.cdc.gov/coronavirus/2019-ncov/healthcare- facilities/index.html). Additionally, CMS released a statement on March 18, 2020 recommending that all elective surgeries, non-essential medical, surgical and dental procedures be delayed during the COVID-19 outbreak.*

*If a healthcare facility temporarily closes because it only provides elective cases/non-emergency treatment or appointments consistent with CDC and CMS recommendations, CMS would not view this as a cessation of business; therefore, would not be deemed as a voluntary termination of the Medicare agreement under 42 C.F.R. §489.52 or §416.35(a)(3). Facilities needing to temporarily shut down or limit operations should post notices at their business as well as on public facing websites and social media platforms during this emergency.*

*Any healthcare facility that temporarily closes or limits operations are strongly encouraged to reach out to their local community and state health department for possible partnerships, as the conservation and sharing of critical resources such as ventilators and PPE is essential during a national emergency.*