

Provider FAQ: COVID-19

Updated Nov. 24, 2021

We will provide COVID-19 coverage where noted in the table below through the end of the National Public Health Emergency.

Recent updates to Security Health Plan's COVID-19 coverage:

- **Effective for dates of service on or after Jan. 1, 2022, Medicare Advantage plans will be responsible for processing the COVID-19 vaccine(s) and its administration.**
- **Effective for dates of service on or after Jan. 1, 2022, out-of-network authorization requirements will be reinstated. Please work with members to obtain any necessary authorizations as outlined on Security Health Plan's prior authorization page.**
- **Effective for dates of service on or after Jan. 1, 2022, testing performed solely for surveillance or not medically-necessary purposes (i.e. employment requirements, education, travel or entertainment) will not be covered for Commercial plan members. Medicare Advantage plans will continue to cover testing for these purposes but services will be subject to applicable member cost sharing.**

See tables below for Security Health Plan information related to waived regulations/guidelines from CMS and DHS during the COVID-19 pandemic. Recent updates are noted in **red**.

Important: Security Health Plan has published a permanent telehealth policy, effective August 1, 2020. Visit www.securityhealth.org/provider/medical-policies to view our telehealth policy.

Secure Saver MSA members: All Medicare-covered services including the COVID-19 vaccine, COVID-19 testing and treatment must first apply the plan deductible for Secure Saver MSA members per federal law. Members may use their MSA bank contribution dollars to pay for these and other qualified medical expenses.

Additional Medicaid/BadgerCare Plus resources

https://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources.html.spage

Telehealth - https://www.forwardhealth.wi.gov/WIPortal/content/html/news/telehealth_resources.html.spage

Telehealth billing clarifications -

https://www.forwardhealth.wi.gov/WIPortal/content/html/news/telehealth_billing.html.spage

Additional CMS resources

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

<https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

In the table below, “covered at 100%” means covered at 100% of the contracted rate.

In the table below, “all product lines” means Commercial, BadgerCare Plus and Medicare Advantage.

- For All Rx Medicare/Medicaid dual-eligible special needs plan (D-SNP) – COVID-19 coverage is consistent with D-SNP benefits. Medicaid pays cost sharing that is not paid by Security Health Plan except for nominal BadgerCare Plus copays for some medical and pharmacy services.
- For Security Administrative Services (SAS) self-funded members – Self-funded employers determine if they are going to include this coverage. Refer to the member’s individual plan documents for details.

IMPORTANT: All remaining Security Health Plan policies and procedures remain in effect. In the event that a surge becomes problematic and disruptive, Security Health Plan policies and procedures will be revisited at that time.

COVID-19 vaccine and administration coverage

<p>(Updated Nov. 24, 2021)</p> <p>1. Will Security Health Plan be covering the COVID-19 vaccine and administration when it becomes available?</p>	<p>Medicare Advantage - For calendar years 2020 and 2021, Medicare will be responsible for paying for the COVID-19 vaccine(s) and its administration. Claims for Security Health Plan Medicare Advantage members should be submitted directly to Medicare. Effective for dates of service on or after Jan. 1, 2022, Medicare Advantage plans will be responsible for processing the COVID-19 vaccine(s) and its administration. These claims should be submitted directly to Security Health Plan Medicare Advantage. For all Medicare Advantage plans except Secure Saver MSA, the vaccine will be covered with no member cost sharing. For the MSA plan, the vaccine costs will apply towards the annual deductible.</p> <p>BadgerCare Plus – The COVID-19 vaccine(s) and its administration will follow all coverage requirements as outlined by the Wisconsin Department of Health Services. Security Health Plan will reimburse for vaccine administration while the COVID-19 vaccine is provided by the federal government.</p> <p>Commercial – Security Health Plan will reimburse for vaccine administration in and out of network while the COVID-19 vaccine is provided by the federal government.</p> <p>SAS – Security Health Plan will reimburse for vaccine administration in and out of network while the COVID-19 vaccine is provided by the federal government.</p>
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Prior authorization/utilization management

<p>1. What should I do for elective/non-urgent procedures that are delayed outside of the current prior authorization (PA) timeframe?</p>	<p>All product lines - Security Health Plan is proactively working to extend most existing outpatient authorizations 90 days from the current end date and granting 180 days for new PA requests. However, for planned inpatient procedures we ask that you contact Security Health Plan to provide the updated surgery date as these authorizations are granted for the date of surgery.</p>
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<p>2. How can I tell if an existing authorization has been extended? Will I receive notification?</p>	<p>A new PA letter will be sent to the provider. If you do not receive a new PA letter, please contact Security Health Plan’s Provider Assistance Line at 1-800-548-1224.</p>
<p>(Updated Nov. 24, 2021) 3. Has Security Health Plan changed any prior authorization requirements as a result of COVID-19?</p>	<p>Due to the national public health emergency, out-of-network prior authorization requirements will be waived for Medicare Advantage through Dec. 31, 2021. Effective for dates of service on or after Jan. 1, 2022, out-of-network authorization requirements will be reinstated. Please work with members to obtain any necessary authorizations as outlined on Security Health Plan’s prior authorization (PA) page.</p> <p>For all product lines, if a PA is normally required for services, these medical-necessity PAs will continue to be required, including in-network Medicare Advantage services.</p>
<p>4. Will Security Health Plan implement a skilled nursing facility (SNF) prior authorization waiver?</p>	<p>For all product lines, the PA process for SNFs has not changed as of today. If prior authorization is normally required for Part B services (therapy), that PA is also not waived as of today.</p>
<p>5. Do Medicare Advantage members need to have a 3-day hospitalization to have coverage in a SNF?</p>	<p>In response to COVID-19, CMS is currently not requiring a 3-day hospital stay to have coverage in a SNF. Security Health Plan had not required Medicare Advantage including Secure Saver Medicare Medical Savings Account (MSA) members to have a 3-day hospital stay. Members can be admitted to the SNF for coverage as long as they have skilled services when they are at the nursing home.</p> <p>Authorization is still required through NaviHealth. NaviHealth has developed a shorter assessment tool to aid in the turnaround time for authorizations.</p>
<p>6. If Medicare Advantage members exhaust their 100-day SNF benefit, do they need to have a 60-day wellness period to obtain a new 100-day SNF benefit?</p>	<p>CMS has stated that for Medicare Advantage beneficiaries who have exhausted their SNF benefits, members can have a renewal of SNF coverage without first having to start a new benefit period only if the member’s treatment was delayed solely due to the COVID-19 emergency. The 60-day wellness period is waived. Members must still be meeting Medicare guidelines for requiring skilled care, and prior authorization would still be required through NaviHealth for stays beyond the 100 day benefit period.</p>

Testing/treatment coverage and billing

<p>(Updated Nov. 24, 2021)</p> <p>1. Does Security Health Plan cover the test for COVID-19?</p>	<p>Yes. Security Health Plan is covering medically-necessary COVID-19 testing at 100% of contracted rate when ordered by an appropriately licensed health care professional for purposes of diagnosis or treatment of an individual member. This is in effect for nearly all product lines, including self-funded groups, without cost sharing until the end of the National Public Health Emergency. The exception is Secure Saver MSA, which per federal law must first apply all covered services to the plan deductible. BadgerCare Plus providers should reference the current ForwardHealth fee schedule to determine coverage for specific testing services.</p> <p>Effective for dates of service on or after Jan. 1, 2022, testing performed solely for surveillance or not medically-necessary purposes (i.e. employment requirements, education, travel or entertainment) will not be covered for Commercial plan members. Testing services will be denied as member responsibility. Billing CS modifier on the associated office visits when testing is performed for not medically-necessary purposes is not appropriate. Our Medicare Advantage plans will continue to cover testing for these purposes but services will be subject to applicable member cost sharing.</p>
<p>(Updated Nov. 24, 2021)</p> <p>1a. Does Security Health Plan cover related or ancillary COVID-19 testing/treatment?</p>	<p>During the national public health emergency, when testing is performed for medically-necessary purposes, the test and all testing-related services that happen during the initial visit to test or rule out COVID-19 will be covered at 100% of contracted rate regardless if the provider is in or out of network. Testing-related services include the medical visit and other tests (e.g. flu test) that result in an order for or administration of a COVID- 19 test. Services may be provider office visits that occur in the health care provider's office, urgent care, emergency department and telehealth. The exception is Secure Saver MSA, which per federal law must first apply all covered services to the plan deductible.</p>
<p>(Updated Nov. 24, 2021)</p> <p>1b. Is modifier CS required to indicate a medical visit resulted in an order for a COVID-19 test and cost sharing should be waived?</p>	<p>Yes. For all product lines, Security Health Plan will utilize modifier CS to identify medical visits that resulted in an order or administration of a medically-necessary COVID-19 lab test, effective March 18, 2020, until the end of the public health emergency. Please note CS modifier should not be appended to office visits for pre-procedural testing.</p>

<p>2. Will a subsequent visit for outpatient treatment for COVID-19 on a date after the initial COVID- 19 diagnosis be covered?</p>	<p>Commercial – Subsequent outpatient treatment for COVID-19 will be a covered service subject to any applicable member cost sharing, including deductibles, coinsurance or copays. Any services provided as emergent will be subject to the member’s in-network level cost sharing.</p> <p>BadgerCare Plus – COVID-19 treatment will be covered in or out of network at BadgerCare Plus rates for any BadgerCare Plus certified provider. No member cost sharing is applied to outpatient or inpatient services for any BadgerCare Plus covered service.</p> <p>Medicare Advantage – COVID-19 treatment received in or out of network will be subject to member cost sharing, including deductibles, coinsurance or copay. For emergent care, if you are admitted to a hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p>(Updated Nov. 24, 2021)</p> <p>3. Will inpatient/observation treatment for COVID-19 be covered?</p>	<p>For dates of service on or before Dec. 31, 2021, confirmed cases of COVID-19 that result in an inpatient/observation stay will be covered at 100% of contracted rate, in or out of network, for all product lines except Secure Saver MSA and Ally Rx D-SNP. Ally Rx D-SNP will continue to be covered at 100% by Security Health Plan and Medicaid. This includes the facility claim for the inpatient stay and all professional services associated with the inpatient stay when a COVID-19 diagnosis exists. This also includes emergency room care that leads to an inpatient admission or observation stay and COVID-related services provided during this time. For self-funded groups, refer to the member’s individual plan documents for details.</p> <p>Effective for dates of service on or after Jan. 1, 2022, inpatient/observation treatment for COVID-19 will be subject to applicable plan cost sharing.</p>
<p>(Updated Nov. 24, 2021)</p> <p>4. Do providers need to bill with the specific HCPCS codes for the COVID-19 lab test?</p>	<p>Yes.</p> <p>BadgerCare Plus – Allows the use of certain lab codes. Providers should reference the current ForwardHealth fee schedule to determine coverage of testing codes.</p> <p>Commercial – Will accept all lab codes when utilized appropriately.</p> <p>Medicare Advantage – Will accept all lab codes as outlined by Medicare.</p>
<p>5. Will Security Health Plan reimburse laboratory technicians to travel to a Security Health Plan member’s home to collect a specimen for COVID-19 testing?</p>	<p>Yes. During the national public health emergency, for nearly all product lines Security Health Plan will pay 100% of the contracted rate for laboratory technicians to travel to a member’s home or other community-based settings. The exception is Secure Saver MSA, which per federal law must first apply all covered services to the plan deductible.</p>

<p>6. Will Security Health Plan cover physician home visits?</p>	<p>Yes. Given the reduction in restrictions on place of service, Security Health Plan will cover provider home visits for all product lines at the office visit contracted rate during the national public health emergency. Providers must use the codes below for payment for this type of visit:</p> <ul style="list-style-type: none"> • Place of service is 12 (home) • New patient: 99341, 99342, 99343, 99344, 99345 • Established patient: 99347, 99348, 99349, 99350
<p>(Updated Nov. 24, 2021) 7. Will drive-up testing be an option?</p>	<p>As long as the testing occurs at an FDA-approved facility/location, is performed for medically-necessary purposes and administered in accordance with CDC guidelines, it will be covered for all product lines at the contracted rate.</p>
<p>8. Will Security Health Plan reimburse affiliated hospitals if they screen Security Health Plan members at a location offsite from the hospital's campus?</p>	<p>Yes. During the national public health emergency, in alignment with CMS, Security Health Plan is waiving the enforcement of section 1867(a) of the Emergency Medical Treatment & Labor Act (EMTALA) and will allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen any Security Health Plan member (all product lines) at a location offsite from the hospital's campus to prevent the spread of COVID-19, so long as it is not inconsistent with a state's emergency preparedness or pandemic plan.</p>
<p>9. Is there a diagnosis code for COVID-19?</p>	<p>For services prior to April 1, 2020, providers must use available ICD-10 codes and guidance.</p> <p>Effective date of April 1, 2020, code U07.1, 2019-nCoV acute respiratory disease, was implemented into ICD-10-CM.</p> <p>Effective date of January 1, 2021, the CDC announced 6 new codes to identify conditions related to COVID-19. Full addenda information regarding the new codes is available at https://www.cdc.gov/nchs/icd/icd10cm.htm</p> <ul style="list-style-type: none"> • J12.82, pneumonia due to COVID-19 <ul style="list-style-type: none"> ○ Pneumonia due to SARS-CoV-2 • M35.81, multisystem inflammatory syndrome <ul style="list-style-type: none"> ○ Multisystem inflammatory syndrome in children ○ Pediatric inflammatory multisystem syndrome • M35.89, other specified systemic involvement of connective tissue • Z11.52, encounter for screening for COVID-19 • Z20.822, contact with and (suspected) exposure to COVID-19 <ul style="list-style-type: none"> ○ Contact with and (suspected) exposure to SARS-CoV-2 • Z86.16, personal history of COVID-19

<p>(Updated Nov. 24, 2021) 10. Will Security Health Plan relax narrow networks during COVID-19 to pay all out-of-network services at in-network prices without prior authorization (PA)?</p>	<p>Commercial and BadgerCare Plus – No. Security Health Plan is not adjusting narrow networks. For a member to request to see an out-of-network provider for non-emergent services, a PA is still required.</p> <p>Medicare Advantage – Yes. Services performed by Medicare-certified providers will be applied to the member’s cost sharing, which is the same in or out of network. For services received prior to Dec. 31, 2021, prior authorization will not be required for out-of-network services performed by Medicare-certified providers. For dates of service on or after Jan. 1, 2022, out-of-network authorizations will be reinstated.</p> <p>For dates of service Oct. 24, 2020, and forward, supplemental benefits provided by Security Health Plan, hearing aids, dental services not covered by Medicare and the eyeglass stipend will not be covered when obtained from an out-of-network provider. All other out-of-network coverage as outlined above will continue.</p>
<p>(Updated Nov. 24, 2021) 11. Will Security Health Plan be covering the antibody testing for COVID-19?</p>	<p>Yes. During the national public health emergency, Security Health Plan will be covering medically-necessary antibody testing for COVID-19 at 100% of the contracted rate in and out of network for all product lines except Secure Saver MSA, which per federal law must first apply all covered services to the plan deductible.</p>
<p>12. Does Security Health Plan require the disaster related (DR) condition code for institutional billing, and the catastrophe/disaster related (CR) modifier for Part B billing, for both institutional and non-institutional claims?</p>	<p>At this time Security Health Plan does not require the DR condition code and CR modifier on claims for any product lines, including Medicare. However, if they are submitted on the claim it will not inhibit the claim from processing.</p>
<p>(Updated Nov. 24, 2021) 13. Will Security Health Plan be covering convalescent plasma for the treatment of COVID-19?</p>	<p>Related services for convalescent plasma for the treatment of COVID-19 will be covered for Commercial and Medicare Advantage members in accordance with ClinicalTrials.gov (NCT04356534) guidance and criteria. Because this treatment is not approved by the FDA, it is covered as an investigational product and only available through Emergency Use Authorization as issued by the FDA on August 23, 2020, or as a clinical trial under the traditional IND regulatory pathway.</p> <p>If performed during an inpatient stay for a COVID-19 positive member, services will be paid at 100% of the contracted rate for dates of service on or before Dec. 31, 2021. For dates of service on or after Jan. 1, 2022, services will assess any applicable member cost sharing. Any related services performed in the office or outpatient setting will be subject to applicable cost sharing. The investigational item would not be covered by Security Health Plan.</p>

(Updated Nov. 24, 2021)

14. Will Security Health Plan be covering monoclonal antibody infusions for the treatment of COVID-19?

The FDA has granted Emergency Use Authorizations (EUAs) for the following investigational monoclonal antibody therapies in patients who meet criteria for treatment. These treatments can be administered in a health care setting and beginning May 6, 2021, as home-infusion in a patient's home or residence:

- Casirivimab and imdevimab, administered together (Q0243 & M0243 – effective 11/21/20)
- Casirivimab and imdevimab, administered together in the home or residence (M0244 - effective 05/06/21)
- Bamlanivimab and etesevimab, administered together (Q0245 & M0245 – effective 2/9/21)
- Bamlanivimab and etesevimab, administered together in the home or residence (M0246 - effective 05/06/21)

Full details on administration of and payment for monoclonal antibody infusions can be found at <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>

On April 16, 2021, the FDA revoked EUA 90 for bamlanivimab, when administered alone, due to a sustained increase in COVID-19 viral variants in the U.S. that are resistant to this antibody therapy. Medicare will cover and pay for bamlanivimab, when administered alone, for dates of service from Nov. 10, 2020, through April 16, 2021.

With the revocation of EUA 90, healthcare facilities and providers may *only* administer bamlanivimab together with etesevimab consistent with the terms and conditions of EUA 94. Sites intending to use an existing supply of bamlanivimab must order a sufficient supply of etesevimab to pair with the supply of bamlanivimab on hand. For more information please visit <https://www.fda.gov/media/147639/download>.

These infusions may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary. Coverage by product line is indicated below:

- Medicare Advantage: Medicare will cover and pay for these infusions the same way it covers and pays for COVID-19 vaccines when furnished consistent with the EUA. **For dates of service on or before Dec 31, 2021, the antibody drug and infusion should be billed to Fee-for-Service Medicare in accordance with Section 3713 of the CARES Act. Effective for dates of service on or after Jan. 1, 2022, services should be billed to Security Health Plan Medicare Advantage plans.**

- Reference:



	<p>https://www.cms.gov/files/document/covid-medicare-mono-clonal-antibody-infusion-program-instruction.pdf</p> <ul style="list-style-type: none"> • Commercial & Individual and Family Plans: Security Health Plan will cover based on CMS’s recommendation of coverage and following the FDA EUA of the drug with specific medical necessity and exclusion criteria. • BadgerCare: Providers should reference the current ForwardHealth fee schedule to determine coverage of infusion codes. • Family Health Center: For both infusion therapies, the infusion administration fees in a non-surgical outpatient hospital setting will be covered. • Medicare Select/Medicare Supplement w/ Riders: Medicare will cover in full with no member cost sharing.
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Telehealth coverage and billing

<p>1. Has Telehealth Coverage been expanded?</p>	<p>Yes, Security Health Plan has published a permanent telehealth policy. We cover telehealth services as outlined in the updated Telehealth Medical Policy. Please refer to the <u>Telehealth Medical Policy</u> for a full description of covered services and requirements.</p> <p>Commercial – Expanded telehealth services have been implemented. Refer to the <u>Telehealth Medical Policy</u> for complete details.</p> <p>BadgerCare Plus – In accordance with ForwardHealth updates related to telehealth, BadgerCare Plus will allow expanded telehealth service per the Alerts and Updates <u>at this link.</u></p> <p>a. For temporary services please ensure claims are submitted with the location of provider at the time of the service and with the informational modifier 95. Do not use place of service 02 and modifier GT; only permanently covered telehealth services as outlined in ForwardHealth Topic 510 should be submitted with POS 02 and modifier GT.</p> <p>Medicare Advantage – Any Medicare-covered professional service may be performed via telehealth as long as the service is within the scope of practice and can be performed with the functional equivalency of a face-to-face service. This can be done as a telephone consult, where both provider and member are talking on the phone while the member is at home. The telephone services codes may be used to bill for the services.</p>
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	<p>When billing professional claims for all telehealth services with dates of service on or after March 1, 2020, and for the duration of the public health emergency (PHE), bill with:</p> <ol style="list-style-type: none"> 1. Place of service (POS) equal to what it would have been had the service been had the service been furnished in person 2. Modifier 95, indicating that the service rendered was actually performed via telehealth <ol style="list-style-type: none"> a. CMS is not requiring the CR modifier on telehealth services. b. There are no billing changes for institutional claims; CAH method II claims will continue to bill with modifier GT. c. Click here to view CMS guidance on billing for professional telehealth services during the public health emergency d. Click here to view the CMS article on Medicare fee-for-service response to the public health emergency
<p>(Updated Nov. 24, 2021)</p> <p>2. Can an initial physical therapy evaluation be done via telehealth?</p>	<p>Yes. For all product lines, therapy evaluation and treatment can be done via telehealth, audiovisual interactive.</p> <p>All product lines - For an in-network provider, prior authorization (PA) is still required. If a non-contracted provider wants to provide care, the provider will need to follow Security Health Plan’s prior authorization process.</p> <p>Medicare Advantage only - PA is not required to provide treatment for a Medicare Advantage member from a non-affiliated provider for dates of service on or before Dec 31, 2021. For dates of service on or after Jan. 1, 2022, PA requirements for nonaffiliated providers will be reinstated.</p>

General billing questions

<p>1. Will timely filing limits be waived?</p>	<p>At this time, no changes are being made to timely filing limits.</p> <ol style="list-style-type: none"> a. Commercial will continue to follow 180 days. Medicare and BadgerCare Plus will follow 365 days.
<p>2. CMS is removing the 2% sequestration effective for dates of service May 1, 2020 – Dec. 31, 2021. Will Security Health Plan Medicare Advantage follow that guidance?</p>	<p>Yes. Although Medicare Advantage plans aren’t required to follow sequestration removal, we will follow this and remove the 2% sequestration from claim payment for dates of service from May 1, 2020 – Dec. 31, 2021.</p>
<p>3. Will Security Health Plan be implementing the CMS add-on payment of 20% to the weighting factor for inpatient discharges of an individual diagnosed with COVID-19 for Medicare Advantage members?</p>	<p>Yes. This payment increase will remain in effect for the duration of the national public health emergency.</p>

Provider practice changes

<p>1. If providers assist at different clinic/hospital locations, do we need to contact Security Health Plan in advance?</p>	<p>Providers working at additional locations within their organization do not require any notification to Security Health Plan. If providers are working at clinics or facilities outside of their organization, these changes do need to be reported to Security Health Plan to prevent unnecessary claim issues.</p>
<p>2. If we are temporarily closing locations due to COVID-19, do these temporary closures need to be reported to Security Health Plan?</p>	<p>No. Updates are not required for temporary closures.</p>
<p>3. If a non-contracted provider requests to be able to provide medical or mental health (tele or in office) during COVID 19, will Security Health Plan set them up automatically without contracting or credentialing?</p>	<p>Medicare Advantage – Yes. Security Health Plan would reimburse a non-affiliated Medicare-certified provider that submits a claim for payment at the Medicare Advantage member’s in-network benefit.</p> <p>Commercial and BadgerCare Plus – No. If a non-contracted provider wants to provide care to a Security Health Plan BadgerCare Plus or Commercial member, the provider will need to follow Security Health Plan’s prior authorization process and/or contracting and credentialing policies.</p>
<p>4. Will Security Health Plan reimburse hospitals for medical services provided at a “temporary expansion location”?</p>	<p>Yes, during the national public health emergency. This follows CMS guidance that allows hospitals to change the status of their current provider-based department locations to the extent necessary to address the needs of hospital patients as part of the state or local pandemic plan for the duration of the public health emergency (PHE) related to COVID-19. This extends to any entity operating as a hospital, whether a current hospital establishing a new location or an ambulatory surgical center (ASC) enrolling as a hospital during the PHE pursuant to a streamlined enrollment-survey-certification process, so long as the relevant location meets the conditions of participation and other requirements not waived by CMS. Please notify Security Health Plan Provider Relations of any temporary expansion locations by email: shpprd@securityhealth.org</p>