



Physician Practice Re-Boot Program

Physician practices across Montana responded quickly to the COVID-19 pandemic. Patient appointments and procedures were delayed, business hours were limited, new work processes were put in place, and telehealth expanded to ensure continued care. This effort impacted the business of medicine and clinic staff, as practices experienced a decline in revenues while simultaneously addressing increasing demand for their expertise that has led to incurring new expenses. Staff at many clinics were laid off or hours were reduced. It is time to re-boot.

Independent practices in Montana can seek up to \$5,000 in cash assistance to cover COVID-19 related response and relief items. Additionally, practices can be included in an annual subscription (\$300) for a telehealth platform by DrFirst to start or support telehealth services. Priority will be given to requests from all independent practices to start or expand telehealth through the DrFirst solution, followed by applications from rural, independent primary care practices, and then applications from other independent practices.

Please complete and return the application by June 5, 2020 to mma@mmaoffice.org or 2021 11th Avenue, Suite 1, Helena, MT 59601. A request for a cash grant will be paid within 7 business days for the telehealth subscription. Applications received by June 5, 2020 will be reviewed the week of June 8 and the funds will be fully distributed within 7 business days.

The funding for the Physician Practice Re-Boot Program has been provided by Blue Cross Blue Shield of Montana. The total amount of funding (\$200,000) will be fully distributed through this application process. Any proceeds from the MMA partnership with DrFirst will be donated to the MMA Foundation to expand interoperability or re-invested in this program.

Application

Date of Application: _____

Name of Organization: _____

Contact Person/Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Number of Physicians: _____

Number of Staff: _____

Is the organization a primary care practice, which includes family medicine, general medicine, internal medicine, pediatrics and OB/GYN? _____ Yes _____ No

<u>Impact to Practice from COVID-19 pandemic</u>	<u>Estimated percentage</u>
Decrease in revenues	Yes / No _____
Staff layoffs	Yes / No _____
Reduced patients seen	Yes / No _____
Reduced business hours	Yes / No _____
Other: _____	Yes / No _____
Telemedicine Expanded	Yes / No _____

<u>Requested Funds</u>	<u>Dollar Amount</u>
1. Would you like a cash payment of \$300 to subscribe to DrFirst telehealth service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Independent practices can request up to \$5,000 cash assistance. Provide amount of your request: \$ _____	
3. Please indicate below how the requested funds will be used (mark all that may apply).	
<input type="checkbox"/> Payroll	
<input type="checkbox"/> Medical Supplies	
<input type="checkbox"/> PPE	
<input type="checkbox"/> Testing	
<input type="checkbox"/> Adoptions to work space and/or patient reception area for social d	
<input type="checkbox"/> Other: _____	

Signature: _____

Printed Name: _____

Title: _____

Contact Jean or Tara at the Montana Medical Association at 406-443-4000 or by email to mma@mmaoffice.org with any questions.

Return your completed and signed application by June 5, 2020 to mma@mmaoffice.org, or send by mail to:

Montana Medical Association
2021 11th Avenue, Ste 1
Helena, MT 59601