COVID-19
Frequently Asked Questions & Answers for Primary Care Providers

Updated 8/11/2020

Note: due to the rapidly changing situation, some answers may be out-of-date. Please check back for updated FAQs. Also, be sure to check weekly COVID-19 updates from the Program Management Office.

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Current Advisory
Governor of Maryland, Larry Hogan, COVID-19 Order and MD Department of Health Travel Advisory - July 29, 2020

Governor Hogan restates the Order of June 10, 2020, allowing reopening of certain businesses and facilities, subject to local regulations, and generally requiring the use of face coverings, and specifically amends the Order as follows:
All persons in MD over 5 years old are required to wear face coverings when they are:

1. In or on any public transportation
2. Indoors wherever members of the general public are generally permitted
3. Outdoors and unable to consistently maintain at least 6 feet of distance from individuals who are not members of their household
4. Obtaining healthcare services
5. Working where interaction with others is likely and/or food is prepared or packaged

Single-use face coverings should be properly discarded in trash, reusable face coverings should be
cleaned at least daily, and medical-grade masks should be reserved for use by healthcare workers and first responders.

Wearing face coverings is not required:

- If, due to a bona fide disability or medical condition, it would be unsafe for the person to do so
- To the extent wearing a face covering would impede communication by or with those hearing impaired, where the ability to see the mouth is necessary for communication
- If wearing a face covering would subject the person to an unsafe working condition as determined by occupational safety regulators or workplace safety guidelines
- To the extent wearing a face covering would make it impossible to receive services requiring access to the face, mouth, or head such as dental care, shaving and facial treatments
- While consuming food or beverages
- While swimming or engaging in other physical activities where the use of a face covering is likely to pose a bona fide safety risk
- While operating any public transportation conveyance provided the person is the sole operator and in a compartment separate and off-limits to riders

On travel, the MDH strongly recommends that, due to the recent increase in COVID-19 infections, all Marylanders not travel outside of the state for non-essential reasons. In addition:

Any Marylander returning from out of state and any out-of-state traveler to MD should get tested for COVID-19 promptly upon arrival in MD or within 72 hours before travel to MD

- Visitors waiting for their test results should stay at home between the time of the test and their arrival to MD or to self-quarantine at their hotel
- Except for travel to DC and Virginian, all Marylanders who travel to a state with a COVID-19 test positivity rate above 10% should get tested and self-quarantine at home until the test result is received
- Essential workers are exempt from the quarantine recommendation if they are returning or traveling to MD to perform essential work, as well as employee commuters who leave/enter the state daily and have work-based COVID-19 screening procedures

This advisory is effective immediately and will remain in place until rescinded.

**Patient Treatment**

When can we start seeing patients in the office again?

Use clinical judgement on a case-by-case basis. The State is currently in Phase 2 of Recovery. Guidance for primary care practices on making office visits is available. Here are some resources:

- [MDPCP Reopening Guide](#)
- [MGMA COVID-19 Medical Practice Reopening Checklist](#)
- [AMA Physician Guide On Reopening Medical Practices](#)
- [CDC COVID-19 Response & Re-Opening Plan](#) includes national activities, initiatives and standardized gating criteria.

Does the MDPCP PMO recommend practices cancel all non-urgent appointments? If so, what types of appointments would be urgent enough to warrant a home visit? What situations would warrant an office visit rather than a home visit?

No. Maryland’s Secretary of Health on 5/6/20 ordered “All licensed healthcare facilities and healthcare
providers may resume elective and non-urgent medical procedures and appointments at 7:00 A.M., May 7, 2020,” provided certain COVID-19-specific safety measures are in place. His order may be seen at: https://health.maryland.gov/mdpcp/Documents/05.06.2020-%20MDH%20Sec%20Order%20-%20Amended%20Various%20Healthcare%20Matters.pdf

Healthcare providers should follow their personal experience and clinical judgment to decide whether and when home or in-clinic visits are warranted. Refer to #5 on page 3 of the aforementioned link. Nurse practitioners, clinical nurse specialists, and physician assistants can now provide home health services.

What should practices be doing during the COVID-19 public health emergency?
The MDPCP PMO recommends the aggressive and proactive triage of patients suspected or confirmed to have contracted COVID-19. The goal is to maximize the treatment of these patients at home or, if they must visit a provider’s office, to ensure they will be isolated while providers determine how to treat them. We recommend the following:

- Review your patient lists in your E.H.R. and the CRISP Pre-AH report - “Likelihood for Avoidable Hospital Events” and the Covid-19 vulnerability index to proactively reach out to all high-risk and vulnerable patients
- Use telemedicine whenever possible to provide care; conduct face-to-face visits only when deemed necessary
- Do Not Close Your Office – remember we need to maintain access to care – Thank You!

How should providers determine which patients should be tested for COVID-19 infection?
Governor Hogan encourages ALL primary care providers to test ALL their patients for COVID-19 whether symptomatic or asymptomatic. Widespread testing and contact tracing are essential to save lives by stopping the spread of COVID-19. PPE and testing supplies will be provided to practices for testing. The collection and interpretation of samples are reimbursable, and no patient should be charged for testing regardless of the payer. Additional guidance on testing in primary care practices can be found in the MDPCP Roadmap to Recovery Part II – COVID Testing. Information can be found here on Nasal Sampling Technique.

Are primary care physicians required to collect samples for COVID-19 testing?
No. There is no requirement that providers collect samples, but the Maryland Department of Health strongly encourages practices to test their patients. Providers should stay safe and well protected using the required PPE if they choose to collect samples. Details and guidance on collecting samples can be found here:

- AAFP COVID19 Testing Guidance
- AMA Coding Scenarios; Overview

Where should providers without capacity to test patients for COVID-19 refer patients for tests?
People who suspect they may have been exposed to COVID-19, even if they are not yet symptomatic, are able to be tested for free at one of the state’s drive-through Vehicle Emissions Inspection Program (VEIP) locations without a prior doctor’s order or a scheduled appointment. Residents who do not have a health care provider may call their county’s health department to be connected to a provider who can determine whether a test is needed. Additionally, since May 19, licensed pharmacists are authorized to directly order and administer COVID-19 tests.

Per Maryland’s Secretary of Health’s Order (August 6, 2020), individuals already authorized to collect COVID-19 specimens for testing may continue to do so, as well as any individual licensed, registered, or certified by MDH or a MD health occupations board who has appropriate training to collect COVID-19 test specimens. Additionally, COVID-19 point of care (POC) testing platforms are authorized to perform
COVID-19 test analyses as long as the facilities are CLIA-certified labs and the appropriate certificate of waiver is obtained from the Office of Health Care Quality (OHCQ). POC results must be reported to MDH. (New!)  

For more information on testing sites, including a list of sites available throughout the state, visit coronavirus.maryland.gov and click on the "Testing" tab.

Who can order COVID-19 tests and what do Medicaid and Medicare cover?  
1. Any authorized healthcare professional can now [order](#) COVID-19 tests  
2. Medicare and Medicaid now cover:  
   a. certain serology (antibody) tests  
   b. lab processing of certain FDA-authorized [tests](#) that beneficiaries self-collect

When patients contact COVID-19 testing sites, does triage still ask about only cough, fever, and shortness of breath?  
No. Additional symptoms are questioned including chills, gastrointestinal symptoms and loss of taste and smell.

Is there anything new on COVID-19 test sensitivity and specificity? Do all tests give IGG/IGM results? Any up-to-date information on whether IGG presence confers immunity?  
Not at this time. It is best to rely on FDA-approved tests, then use clinical judgment and scientific evidence to interpret the results.

What does MDPCP know about COVID-19 antibody testing?  
COVID-19 antibody testing is available in Maryland. IgG antibody tests are useful in determining if an individual has had an infection. The Department of Health does sentinel antibody testing to estimate the overall percent of people who have been infected to determine the residual pool of people who remain at risk for infection. The COVID-19 antibody test is effective in determining if an individual has had an infection, but is not an effective method to determine immunity from the virus. Many different tests are on the market, but no one test has so far been universally recommended as the high-quality standard.

What defines an immunocompromised population?  
Examples include people on chemotherapy, people with immune disorders, people with HIV, the significantly elderly, and others who under other circumstances the clinician would have concerns about their ability to fight infections.

When patients call to request a flu evaluation, but are not experiencing respiratory distress, should providers give supportive advice over the phone?  
The MDPCP PMO recommends in this situation the individual be treated at home, but providers should evaluate such situations on a case-by-case basis. For additional guidance, please refer to the [Primary Care Process Map](#).

Should providers triage outside the waiting area to separate patients seeking COVID-19 testing from those who are not?  
Yes. Ideally, practices should be triaging patients prior to coming to the office.

Is it safe to conduct home visits to patients who are home-bound?  
Yes. Home visits are allowable and safe provided clinicians use appropriate precautions. Nurse
practitioners, clinical nurse specialists, and physician assistants can now provide home health services.

**What does “quarantine at home” mean?**
Staying at home, practicing social distancing, using good hygiene, and surface cleaning. Individuals who are “quarantining at home” should practice self-isolation, including self-isolation from all others in the home.

**Should primary care providers give antibiotics to these types of patients?**
No. Antibiotics should not be given to treat COVID-19; they are ineffective against viruses.

**Should we give vaccines during the pandemic?**
Yes. Recent trends show a significant and concerning nationwide decrease in vaccine orders and vaccinations for pediatric patients. Please contact families in your practice whose children have missed a vaccination and strongly encourage them to bring their children's vaccinations up-to-date. More detail can be found in the following [provider immunization letter](#).

**What are current recommendations on using chloroquine and hydroxychloroquine to treat COVID-19. How should providers advise patients on using these drugs?**
On June 15, 2020, based on ongoing analysis and emerging scientific data, the [FDA revoked the emergency use authorization (EUA) to use hydroxychloroquine and chloroquine to treat COVID-19](#) in certain hospitalized patients when a clinical trial is unavailable or participation is not feasible. The decision was made based on recent results from a large, randomized clinical trial in hospitalized patients that found these medicines showed no benefit for decreasing the likelihood of death or speeding recovery. This outcome was consistent with other new data, including those showing the suggested dosing for these medicines are unlikely to kill or inhibit the virus that causes COVID-19. The legal criteria for the EUA are therefore no longer met.

As early as April 25, 2020, the US Centers for Disease Control noted “there are no drugs or other therapeutics presently approved by the US Food and Drug Administration to prevent or treat COVID-19. Current clinical management includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilator support when indicated.” The CDC’s webpage on COVID-19 therapeutic options is [here](#).

Chloroquine and hydroxychloroquine have potentially fatal side effects. Patients with heart problems and others who take other drugs such as anti-depressants that have an impact on heart rhythm are at risk of death. Moreover, patients who take the drugs over long periods of time may develop retinopathy. The use of azithromycin can also have an adverse impact on patients’ cardiac systems. The FDA chloroquine factsheet for providers is available [here](#) and the FDA hydroxychloroquine factsheet for providers is available [here](#). Neither drug is FDA-approved to treat COVID-19. Since March 18, a [clinical trial](#) has been underway to determine whether hydroxychloroquine can prevent COVID-19 infection. The results from controlled studies will guide the future use of these and other agents.

The MDPCP PMO advises providers to adhere to FDA guidelines regarding the use of unapproved agents in treating COVID-19.

**How do I find the COVID-19 test results in CRISP?**
COVID-19 test results are found in CRISP as follows:

Viewing COVID-19 alerts within your ENS PROMPT account:

1. Navigate to the “Add Filter” drop down at the top of the screen.
2. Select the “Diagnosis Description” category.
3. A list of options will appear to the right of the category, select “contains.”
4. Type the term “COVID” into the open field.
5. Within the “Custom Filter” field, type the desired name of the custom filter, then click “Save.”
6. Once you’ve created the filter, alerts for both positive and negative test results, as well as confirmed cases will automatically populate.

Additional information may be found using this link.

**Why am I not seeing COVID-19 test results in CRISP?**

It is likely the results are not seen in CRISP because access is limited only to the PDMP. If the practice is a part of MDPCP, someone within the practice should/will have access to the Unified Landing Page (ULP) and the results can be viewed there. If the practice is not part of MDPCP, CRISP is calling and faxing results to all the practices.

Another reason results may not be seen may be because the information on the order is incorrect, meaning the name may be spelled wrong or information is not listed in its correct place. If there is access to the ULP and results are not seen in Health Records/ENS Prompt at least 5 days post testing, or you realize the patient information is not correct on the order, please reach out to support@crisphealth.org.

**Israel has developed a breath test for COVID-19. Can you tell us what you know about it?**

This test has not been approved for use in the USA by the FDA at this time.

**Pediatrics**

**What is known about Pediatric Multisystem Inflammatory Syndrome?**

- Possibly linked to COVID-19 infection status
- Symptoms:
  - Overlap with Kawasaki Disease and Toxic Shock Syndrome
  - Possible elevated inflammatory markers, fever and abdominal symptoms, rash, myocarditis and other cardiovascular changes
  - Some patients have developed cardiogenic or vasogenic shock requiring ICU; may occur days to weeks post-acute COVID-19 illness
- ESSENTIAL to recognize early and report to an inpatient specialist, including to critical care!
- Most patients presenting with this syndrome have tested positive for SARS COV-2 or corresponding antibodies
- Hospitals must immediately report cases to their state department of health

Additional information may be found at the CDC: https://emergency.cdc.gov/han/2020/han00432.asp

**When should pediatric patients be tested?**

According to the practitioners’ clinical judgement.

**How should pediatric practices deal with screening?**

Pediatric patients are as likely as anybody to contract COVID-19, but they are at comparatively low risk of experiencing significant consequences from the viral infection. Pediatric practices should still adhere to CDC guidelines if they choose to sample patients for infection. Immunocompromised children are at risk, so should be closely monitored. Please review guidelines by the American Academy of Pediatrics for more information.
Do VEIP sites test children?
Yes, but children must be at least 2 months old to be tested. Please call ahead to confirm any age restrictions.

Where else can a person under 18 years old be tested?
Children’s National Hospital in Washington, DC, and possibly at other sites as testing capacity continues to evolve. For more information on testing sites, including a list of sites available throughout the state, visit coronavirus.maryland.gov and click on the "Testing" tab.

**Telemedicine**

When is an office visit warranted rather than consultation via telemedicine?
Use clinical judgement on a case-by-case basis.

Do the major insurers pay for telemedicine when the patient is at home? – Yes. Medicaid now allows the use of telemedicine to treat patients in their homes. Click here for more information. For more information on Medicaid and updates on COVID-19 guidance, please visit this webpage: https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx

Commercial insurers in Maryland, under state statute, are required to pay the same amount they would pay for a face-to-face visit for appropriate telemedicine services. For more information, refer to the MHCC Telehealth guide. Additional information is available on the MDPCP Coronavirus Page.

Medicare now pays for telemedicine regardless of location. The encounter needs to be documented in the patient’s chart and the patient cannot be seen again for the same condition within seven days. Medicare has removed the geographic restriction to rural areas. Providers may also reduce or waive cost sharing. For more information please click here. For more information on Medicare rules and reimbursement for telemedicine, please visit: https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf


For additional details, please review the PMO’s Billing and Coding webinar from 4/9/20 or visit the MDPCP Coronavirus Page.

Can annual wellness visits (AWV) be performed via telehealth?
Yes. AWVs are allowable via telehealth under COVID-19 Section 1135 Waiver Expansion. The AWV can be completed via telehealth using billing codes G0438 and G0439. These codes are allowed only for patients who have previously completed the "Welcome to Medicare" G0402 visit in person, as this includes a physical exam. Following a "Welcome to Medicare" visit a practice may complete the [initial] AWV (billed once in a lifetime as G0438) as telehealth, 12 months after the "Welcome to Medicare" visit. All subsequent AWVs, whether telehealth or in-person, will be billed as G0439.

Regarding the Health Risk Assessment (HRA), AWVs traditionally have an HRA to collect data pertinent to the patient's health. With respect to COVID-19 restrictions, the clinician must rely on self-reported data from the patient or data from Remote Patient Monitoring devices.

As a reminder, AWVs should be completed by physicians, physician assistants, nurse practitioners, or clinical nurse specialists. Medicare pays for only one "Welcome to Medicare" visit per beneficiary per lifetime and one subsequent AWV per year thereafter.
Online Telehealth Resources:

What are the covered Medicare telehealth services under the Public Health Emergency?
See [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)

Which procedures should providers follow when conducting AWVs with telemedicine when the patient does not have devices to assess factors such as weight and blood pressure?
Document the inability to record those measurements and address the issues verbally. This is mainly a concern when the patient has a history or symptoms of abnormal blood pressure or weight problems. The provider should query the patient relative to signs and symptoms of abnormal blood pressure, weight gain or weight loss and document the patient’s responses.

What other service can I provide with a Medicare Annual Wellness Visit via Telemedicine?
Practices can perform Advance Care Planning via Telemedicine and bill 99497, 99498. When you bill for this service during Annual Wellness Visits, patients will not be charged coinsurance. All other times, Advance Care Planning codes will be charged coinsurance to the beneficiary.

Do patients need to have a signed consent form before participating in telemedicine video visits?
No. Either verbal or written consent is enough.

Should on-site visits conducted through video or a window in the clinic be reported as telemedicine services?
Services can be reported as telemedicine when the physician or professional providing the telemedicine service is not at the same location as the beneficiary.

Where can I find more information on telemedicine vendors and guidance on implementing it in my practice?

Patient Symptoms
Do all patients who have symptoms need to be tested if they have mild COVID-19 symptoms?
Not at the current time, but Governor Hogan encourages all primary care providers to test ALL their patients for COVID-19 whether symptomatic or asymptomatic. Widespread testing and contact tracing are essential to save lives by stopping the spread of COVID-19.

Since May 21, people who suspect they may have been exposed to COVID-19, even if they are not yet symptomatic, are able to be tested for free at one of the state’s drive-through Vehicle Emissions Inspection Program (VEIP) locations without a prior doctor’s order or a scheduled appointment. Residents who do not have a health care provider may call their county’s health department to be connected to a provider who can determine whether a test is needed. Additionally, since May 19, licensed pharmacists are authorized to directly order and administer COVID-19 tests. Drive-thru, appointment-free testing has been available since May 21 at the Timonium Fairgrounds in Baltimore.
County and since May 22 at the Glen Burnie VEIP site in Anne Arundel County and the Hyattsville VEIP site in Prince George's County, as well as at many other sites statewide.

**Should clinicians test patients for influenza when those patients experience flu-like symptoms?**
Yes. If a patient exhibits flu-like symptoms, providers should test them for both influenza and COVID-19.

**How important is the presence of fever in the diagnosis of COVID-19?**
The current guidance is demonstrated fever or the patient's claim that he/she feels like s/he has a fever. The MDPCP PMO will learn more about the relevance of fever patterns as time goes on. The presence of fevers should raise providers' suspicion that a patient may be infected with COVID-19. However, there have been cases in the United States where infected patients do not present with a fever, particularly if the patient is immunocompromised or less likely to develop a fever for other reasons.

**If providers don't test people with mild symptoms, how long do they ask the patients to isolate themselves at home?**
Enough PPE, testing kits and testing sites now exist to allow all patients to be tested for COVID-19 infection. You may test them in your offices or, if unable to do so, refer patients to external testing sites.

**Equipment**
What is the Maryland State Government recommending to primary care providers who cannot obtain masks and isolation pads?
PPE supplies are increased considerably over the past few months. For example, all primary care practices offering COVID-19 tests will be provided PPE and testing kits. In addition to available State supplies, PPE is available from sources in the Maryland Manufacturing Network Supplier Portal and from other PPE Vendors.

Can providers put their names on a list for PPE acquisition?
Providers may request PPE by completing and submitting this linked form at the Maryland Department of Health. PPE vendors are also listed through these links: PPE Vendors and the Maryland Manufacturing Network Supplier Portal.

Where can I get PPE and what to do if requests to the county for PPE have not been answered?
PPE vendors are listed through these links: PPE Vendors and the Maryland Manufacturing Network Supplier Portal. If no answers from requests to counties, resend/repeat your request to the county health department.

**Should physicians wear facemasks when treating patients who are coughing and/or have a fever?**
The patient should wear a facemask. It is also reasonable to have healthcare workers use face covering and/or surgical masks as available. For additional guidance, please visit the CDC guidance page for healthcare professionals.

Are primary care offices receiving COVID-19 test kits?
LabCorp is distributing diagnostic kits to primary care offices, so providers can order them via this link. More information about ordering a COVID-19 test via Quest Diagnostics is available here.

**What types of areas could medical staff use to conduct outdoor triage?**
The Mayo Clinic has used a parking lot to conduct triage outdoors and one hospital in Washington state has set up a temporary tent outdoors for triage.
What is the guidance for collecting Coronavirus samples?
The presence of COVID-19 infection can be determined using the following different techniques: nasopharyngeal, mid-turbinate, nasal, oral and saliva. Nasal sampling is less invasive and results in less patient discomfort than sampling from other upper respiratory anatomical sites. Moreover, a self-administered nasal swab is similarly effective to a nasopharyngeal swab in detecting coronavirus. The collection of nasal swab specimens is less technically complex, so can reduce the risk of infection spread to healthcare providers, by (1) reducing the duration of the procedure, and (2) allowing the patient to perform self-collection under supervision. Nasal swab collection also reduces PPE use since patients can perform self-collection under supervision (instead of healthcare providers performing the collection). The procedure for nasal (anterior nasal) sampling is as follows: Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nostril (naris) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10-15 seconds. This is a link to Nasal Sampling Technique guidance.

Can PPE be worn more than once?
Yes. PPE supplies have built up considerably since the beginning of this pandemic, so they should be available to procure. However, on May 6, 2020, while PPE was still scarce, Secretary Neall issued the following directive on PPE:

Subject to availability, all healthcare providers are required to immediately implement the CDC Strategies to Optimize the Supply of PPE and Equipment:

1. Use facemasks beyond the manufacturer-designated shelf-life during patient care activities
2. Implement limited re-use of facemasks. The healthcare provider must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner
3. Prioritize facemasks for:
   i. Essential surgeries and procedures
   ii. During care activities where splashes and sprays are anticipated
   iii. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
   iv. Performing aerosol generating procedures, if respirators are no longer available
4. Exclude healthcare providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients

Relevant CDC guidance is at:
https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

Staffing
Do front office staff who have checked in patients with symptoms need to be self-quarantined until the COVID-19 testing has concluded?
At this time, if an individual is not symptomatic, but has tested positive for COVID-19, and an individual has been within six feet of that patient not using PPE, then that person should self-quarantine for 14 days and take his/her temperature twice a day.

Patients should call into their providers' offices before visiting them. If possible, providers should triage outdoors or in an isolated, closed area patients who may be infected with COVID-19. When patients who may have COVID-19 infection visit providers, the provider offices should practice social distancing and give them masks, if possible.
For recommended front office workflows, please refer to this sample [MDPCP Front Office workflow](#).

**How should practices prepare for the potential quarantine of their entire staff?**
As of 5/19/20, CDC updated its [interim guidance here](#). Potential exposure means being a household contact or otherwise contact within 6 feet of someone with confirmed or suspected COVID-19 infection. Critical infrastructure personnel including healthcare workers may be permitted to work following such exposure when they remain asymptomatic and take additional precautions. Employers should measure the workers’ temperatures before they start their shift. The employee should self-monitor for temperature and onset of symptoms. Additional precautions include:

- **Wear a Mask**: The employee should wear a face mask at all times while at work for 14 days after last exposure
- **Social Distance**: The employee should maintain 6 feet from others and practice social distancing as much as their work duties permit
- **Disinfect and clean workspaces**: Regularly clean and disinfect all areas such as offices, bathrooms, common areas, and shared electronic equipment

**Reimbursement/Financial Matters**

**What is the CARES Act Provider Relief Fund?**
HHS plans to distribute $15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Distribution. Eligible providers must apply by **July 20** to be considered for participation in the program. Before applying through the [Enhanced Provider Relief Fund Payment Portal](#), applicants can watch a webinar about the application process for Medicaid/CHIP providers and review the most recent FAQs on the program and the Medicaid/CHIP targeted distribution [here](#).

**Has the public health emergency (PHE) been extended by the U.S. Department of Health and Human Services?**
Yes. The was extended by the Secretary of HHS on July 27 for another 90 days. For more information about the PHE, please visit the [Declaration webpage](#).

**Will the Federal Government offer financial assistance to practices as they work through and combat COVID-19?**
Yes, as part of the recent CARES Act, the Department of Health and Human Services began delivering initial relief funding to providers in support of the national response against COVID-19. The disbursements were calculated in direct proportion to health care providers’ total amount of Medicare fee-for-service (FFS) spending in 2019. These funds are grants which do not have to be repaid. Within 30 days of receiving payments, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. The portal for signing the attestation opened the week of April 13, 2020, and are also available at [www.hhs.gov/providerrelief](http://www.hhs.gov/providerrelief).

Significant assistance is also available through other channels at the state and federal levels. Links to these resources are presented on the [last two pages of this document](#). Finally, CMS is offering an advanced payment loan program different from the above-mentioned grants. For more information, visit the [Fact Sheet on Accelerated and Advance Payments Program](#).

**Is malpractice insurance needed for telemedicine?**
Yes. Insurers are aware of the situation. Please call your insurer for guidance.
Will there be a co-pay or bill for COVID-19 tests?
Governor Hogan ordered insurers in Maryland to waive cost sharing for COVID-19 testing. See the press release from the Governor’s office.

As a provider, if I am not currently enrolled with Medicare, what should I do?
Please review CMS’s FAQs on temporary relief and processes. CMS has established toll-free hotlines available to provide expedited enrollment and answer questions related to COVID-19 enrollment requirements.

Are State or Federal programs still in place to provide tax credits to employers who must allow employees to be off work due to Covid-19 test results or contact status?
The Families First Coronavirus Response Act offers small and medium-sized businesses funds to pay for employees’ sick leave that occurs as a result of COVID-19. See the IRS “COVID-19-Related Tax Credits for Paid Sick and Paid Family Leave: Overview” web page for more information.

General Guidance
What is known about the airborne transmission of COVID-19?
An aerosol is a suspension of tiny particles or droplets in the air such as dusts, mists, or fumes. These particles may be inhaled or absorbed by the skin. There is ongoing research and debate over whether COVID-19 can be aerosolized, then spread through the air to infect people. Aerosols tend to be very small particles which rapidly evaporate in air, leaving behind droplet nuclei small and light enough to remain suspended in air for hours (analogous to pollen). Experimental data support the possibility that COVID-19 can be transmitted by aerosols even without aerosol-generating procedures such as intubation and noninvasive positive pressure ventilation. COVID-19-infected people may constantly produce droplets and aerosols, but most of these emissions are not infecting other people. The body of currently available evidence suggests COVID-19 is not transmitted via aerosol, especially in well-ventilated spaces. Any such transmission is not the predominant mode of COVID-19 transmission.

Beyond practicing good hand hygiene, what should providers tell persons under investigation who may have contracted COVID-19 infection?
Persons under investigation for possibly contracting COVID-19 should practice social isolation, avoid face-to-face contact, thoroughly clean all surfaces, and continue with good hygienic measures.

Are there any liability issues regarding testing in a parking lot?
You should check with your liability carrier regarding this issue.

Are there any disinfectants that can fight COVID-19?
Yes. Please see the following link to CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html.

Is the Maryland Department of Health seeking volunteer and/or paid physicians to help with the response?
Yes. The MDH seeks both. The Office of Preparedness and Response has a Maryland volunteer response workforce group. Please follow this link https://mdresponds.health.maryland.gov/ for more information. Additionally, healthcare providers now based in the Baltimore Convention Center are also recruiting to hire medical staff; visit https://www.linkedin.com/jobs/view/1788387174 for information. Employment opportunities for healthcare professional and support staff also can be found at www.marylandmednow.com
Is there a COVID-19 helpline providers can give to patients?
Yes. Patients who feel well but are concerned about their health status may call 211 for more information and support. Various healthcare organizations are also setting up call lines. Providers may also ask their healthcare systems if they are setting up clinical guidance lines to field patients’ calls.

Are there COVID-19-specific resources for seniors?
Yes. Please contact your Local Health Department or Area Agency on Aging. Many grocery stores also now offer special shopping hours for seniors. Here is a list by county of special grocery services being offered. The Maryland Department of Aging also offers a free, telephonic check-in for seniors age 65 and over.

In addition, the Caregiver Services Corps (CSC) is open and available for primary care providers and seniors statewide. The CSC call center (800-337-8958) is staffed with specialists 7 days a week who match volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with: self-administration of medications, ambulation and transferring, bathing and completing personal hygiene routines, meal preparation and arranging for delivery of groceries and/or prepared meals, and teaching how to use video technologies to connect with loved ones and/or healthcare providers. Healthcare providers should alert their patients they are being referred. Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need.

How else can Marylanders help respond to COVID-19?
Please visit Maryland Unites. Blood samples from adults are also sought by the National Institutes of Health in a serosurvey to help learn how many US adults without confirmed history of COVID-19 infection have antibodies to the virus.

How can I help my patients who have recently lost employer health coverage obtain health insurance?
Loss of employer-sponsored coverage qualifies your patients for a special enrollment period. They can enroll in a private health plan through Maryland Health Connection, the state’s health insurance marketplace, within 60 days of the loss of employer-sponsored coverage.

Maryland Health Connection has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19. Patients can enroll online at MarylandHealthConnection.gov, by calling 1-855-642-8572, or by downloading the free “Enroll MHC” mobile app to enroll on a phone or tablet.

Before your patients enroll in COBRA, encourage them to check out Maryland Health Connection. Most plans are less expensive and offer comprehensive coverage. Once they enroll in COBRA, they will not be eligible for coverage through Maryland Health Connection until the annual open enrollment period in the fall or until 18 months of COBRA has ended. Loss of income or decreased income may cause a change in eligibility for financial help or Medicaid. Enrollment in Medicaid is year-round.

What is the status of contact tracing in Maryland?
Contact tracing is underway in Maryland. Tracers reach out to contacts, then enter orders for lab tests as deemed necessary. The tracers do not contact providers. Data on results will be available from CRISP, from patients and/or from commercial labs. We will share more details as we receive them. Additionally information may be found on the MDH’s Coronavirus website for contact tracing information: https://coronavirus.maryland.gov/pages/contact-tracing
Resources – General

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)
❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)

Resources – Food Sources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
  ● Maryland Summer Meals Howard County
  ● Montgomery County Anne Arundel County
  ● Prince Georges County St. Mary's County
  ● Charles County Harford County
  ● Frederick County Calvert County
❖ Free meals available from 42 rec centers in Baltimore
  Call 311 for locations and to schedule pickup time

Resources – Financial Aid

❖ Maryland Small Business COVID-19 Emergency Relief Loan Fund
  ● $75 million loan fund (to be paid to for-profit business only)
  ● Loans are up to $50,000
  ● No interest or principal payments due for the first 12 months
  ● Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
❖ Maryland Small Business COVID-19 Emergency Relief Grant Fund
  ● $50 million grant program for businesses and non-profits
  ● Grant amounts of up to $10,000
  ● Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
❖ Emergency Relief Fund FAQ
❖ Questions or concerns email fpaaworkflowcoordinator.commerce@maryland.gov.
  ● Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
  ● Award of up to $50,000 per applicant
  ● Will be quick deployable benefit and customizable to specific business needs
● **View the One-Pager**
● **COVID-19 Layoff Aversion Fund Policy**
● **COVID-19 Layoff Aversion Fund Application** (Excel)
● Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.

❖ **Disaster Loan Assistance** (from Small Business Administration)
  ● Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  ● **FAQs**

❖ **CARES Act**
  ● Sets up a $350 billion loan program for small businesses
  ● Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  ● Maximum loan amount is $10 million
  ● Loans can cover payroll, rent, utilities, or existing debt obligations
  ● Interest rates cannot exceed 4%
  ● If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  ● Loans will be available through the Small Business Administration and Treasury-approved banks, credit unions, and some nonbank lenders