



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

Reorganized 11/10/2020

Note: due to the rapidly changing situation, some answers may be out-of-date.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.

Table of Contents

COVID-19 Symptoms, Spread, and Social Distancing Policies 2

Research updates 2

Public standards 2

Workplace based standards 4

Testing 5

Research updates 5

Policies / Standards for testing 6

Ordering tests and viewing test results 7

Treatment 8

Types of treatments 8

Immunizations 9

Research updates 9

Ordering vaccines 9

Equipment 9

Latest Research 9

Telehealth 9

Policies / standards 9

Billing 11

Grants and assistance for providers 11

Resources for providers to share with patients 12

Key links 13

Archived questions 13

COVID-19 Symptoms, Spread, and Social Distancing Policies

Research updates

What is known about the airborne transmission of COVID-19?

The latest information about airborne transmission from the CDC can be found on the CDC's website [here](#). The World Health Organization's latest roundup on studies about airborne transmission is available [here](#).

What is known about Pediatric Multisystem Inflammatory Syndrome (PMIS)?

Information about PMIS may be found on the CDC website [here](#).

What populations are considered high-risk for severe cases of COVID-19?

According to CDC, high risk groups include elderly populations and those with certain medical conditions. Pregnant women may also be high risk. The latest CDC information on high-risk populations is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html> under the COVID-19 risk section.

What is known about reinfections and how long immunity lasts?

Little is currently known about reinfection. The CDC's latest information can be found [here](#).

Public standards

What is the status of closings and reopenings in Maryland?

The latest announcements about COVID-19 closings and reopenings can be found at the governor's website [here](#).

Recent announcements include the following:

On October 1, Governor Hogan announced that indoor nursing home visitations can resume at any nursing homes that have not had a positive case for the past 14 days. Additionally, Maryland announced that child care settings can return to full teacher to child ratios. More about the announcement can be found [here](#).

Governor Hogan announced the beginning of Maryland's Phase 3 of Maryland's COVID-19 Recovery on September 1, which can be found [here](#).

Phase 3 includes additional gradual reopenings (with limited capacity) for the following venues:

- Indoor theaters
- Outdoor performance venues
- Increased capacity for retail and religious facilities

Remember that facial coverings and social distancing are still required indoors, in the venues stated above as well as in venues that were previously opened. In addition, local jurisdictions can implement more restrictive local requirements if applicable based on local COVID-19 transmission.

What is Maryland's current face mask policy?

Governor Hogan's July September 1 order on face mask policies can be found [here](#).

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.

Exceptions to face coverings requirement:

- 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

A more detailed FAQ on mask wearing in Maryland can be found [here](#).

What is Maryland's latest policy on travelling out of state?

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. For those who do travel, any Marylander returning from out of state and any out-of-state traveler to Maryland should get tested for COVID-19 promptly upon arrival in the state or within 72 hours before travel to the state. Guidance includes:

- 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 Virginia, 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

The latest Maryland policy can be found [here](#).

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. Local contact tracing efforts should reach out to patients under investigation. Please inform your patients to answer calls from MD COVID (240-466-4488). Additionally information may be found on the MDH's Coronavirus website for contact tracing information [here](#).

Beyond practicing good hand hygiene, what should providers tell persons who may have contracted COVID-19 infection?

Persons who may have contracted COVID-19 should practice social isolation, avoid face-to-face contact, thoroughly clean all surfaces, and continue with good hygienic measures. Local contact tracing efforts should reach out to patients under investigation. Please inform your patients to answer calls from MD COVID (240-466-4488). The latest information from CDC on this can be found [here](#).

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. The latest CDC guidance on the length of quarantining can be found [here](#).

Workplace based standards

What patients can we see in the office again?

Use clinical judgement on a case-by-case basis. The State is currently in [Phase 3](#) of Recovery. Guidance for primary care practices on making office visits is available. Resources can be found in MDPCP's reopening guidance [here](#).

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. The latest CDC guidance can be found [here](#).

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: All employees should wear a face mask at all times while at work.
- Social Distance: All employees 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

What should practices be doing during the COVID-19 public health emergency?

The MDPCP PMO recommends six things that primary care practices should continue to do to protect their patients throughout the pandemic and prevent a surge of COVID-19 in their population. We recommend that you do not close your office, remember that we need to maintain access to care even during COVID-19.

The five things include:

1. Identify all of your high-risk patients—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition
2. Provide vulnerable patients with expanded care through telemedicine and special accommodations if they are in need of face-to-face care
3. Test all patients, every visit
4. Stay current, stay safe—stay current by keeping up to date with CDC guidelines and case rates in your area. For up to date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions while seeing patients.
5. Prepare for a vaccine - address vaccine hesitancy with patients, enroll in ImmuNet and set up reporting now, and work with your patients to get a flu shot

A one page overview of these can be found [here](#).

Additionally, it is important to make sure that your patients receive their flu vaccine, ideally between September and October 2020. Ensuring that your patients get a flu vaccine can protect your patients from the flu and prevent extra strain on the healthcare system. The latest CDC guidance can be found [here](#).

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. The latest order, updated October 1, can be found [here](#). 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.

Testing

Research updates

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?

As of November 2020, it is best to rely on FDA-approved tests, then use clinical judgment and scientific evidence to interpret the results. Each test has its own sensitivity – we recommend reviewing the specific test. Generally, PCR tests are more sensitive than antigen tests, but you should look at the details of your specific test type for more information.

Information about the sensitivity and specificity of specific tests can be found [here](#).

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 latest guidance from the CDC on antibody testing can be found [here](#).

What can you tell us about rapid antigen tests?

As stated by the Association for Public Health Laboratories in this document, antigen tests produce rapid qualitative results for the detection of SARS-CoV-2. They do not provide a quantitative result. In populations experiencing high SARS-CoV-2 positivity rates, positive test results indicate detection of SARS-CoV-2 antigens and that individuals are infected and presumed to be infectious, though data supporting this correlation is lacking. Currently available SARS-CoV-2 antigen tests are less sensitive than molecular tests. False negative results can occur regardless of the overall prevalence of disease. If a false negative test is suspected, the individual should be tested with a more sensitive molecular test.

The Association for Public Health Laboratory's guidance on rapid antigen tests and when they recommend they should be used can be found [here](#).

What can you tell us about saliva-based tests?

In August 2020, the U.S. Food and Drug Administration issued an emergency use authorization (EUA) to Yale School of Public Health for its SalivaDirect COVID-19 diagnostic test, which uses a new method of processing saliva samples when testing for COVID-19 infection. For more information, click [here](#).

You can order through MyLab. More information is available [here](#).

If providers don't test people with mild symptoms, how long do they ask the patients to quarantine? If a patient has symptoms of COVID-19 but does not get tested, how long should they quarantine?"

Patients unable to be tested should quarantine for 10 days after the onset of symptoms, and then can stop quarantining if they have no fever and declining symptoms for 24 hours. 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. Information on when to test can be found [here](#).

Policies / Standards for testing

Maryland's latest standards for testing COVID-19 samples as of October 1 are available [here](#).

What is the guidance for collecting Coronavirus samples?

The presence of COVID-19 infection can be determined using the several different techniques. MDPCP's guidance to primary care providers about COVID-19 testing be found [here](#).

Are primary care physicians required to collect samples for COVID-19 testing?

Providers cannot refuse to order a test for any patients that want to be tested under the Secretary's Order as of October 1, which can be found [here](#). Providers should stay safe and well protected using the required PPE if they choose to collect samples. The MDPCP plans to issue additional details and guidance on collecting samples soon, which will be available on the MDPCP [website](#).

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. Residents can identify the closest COVID-19 sites [here](#). 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. People 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.

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.

Can children be tested for COVID-19?

Yes, but children must be at least 2 months old to be tested. Please call ahead to confirm any age restrictions.

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 or refer to an external testing site, 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](#).

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.

Ordering tests and viewing test results

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

Will there be a co-pay or bill for COVID-19 tests?

The governor's orders waiving co-pays for COVID-19 test has expired. The latest information about whether providers require co-pays can be found [here](#). You should check with insurers about the cost of COVID-19 test co-pays

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?

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.

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.

Treatment

Types of treatments

What are the latest recommendations for healthcare providers on the use of convalescent plasma?

The FDA issued the EUA for investigational convalescent plasma to treat hospitalized COVID-19 patients. The latest information on the FDA's recommendations regarding the use convalescent plasma for COVID-19 treatment can be found [here](#).

What are the latest recommendations for healthcare providers on the use of remdesivir?

FDA has broadened the emergency use authorization of remdesivir. The EUA now includes treatment of all hospitalized adult and pediatric patients with suspected or laboratory-confirmed COVID-19, irrespective of their severity of disease. The FDA's guidance on using remdesivir can be found [here](#).

What are current recommendations on using chloroquine and hydroxychloroquine to treat COVID-19. How should providers advise patients on using these drugs?

The FDA has cautioned against using hydroxychloroquine for COVID-19. FDA guidance can be found [here](#).

Is there a COVID-19 helpline provider can give to patients?

Yes. Patients who feel well but are concerned about their health status may call [211](#) for more information and support. Resources include the COVID Prevention Line (833-979-2266) or email prevent.covid@maryland.gov. 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.

Immunizations

Research updates

What is a good resource on the latest COVID-19 vaccine?

The Washington Post has a good tracker of the latest on COVID-19 vaccine development, which can be found [here](#).

Ordering vaccines

What guidance does MDPCP have for preparing for a COVID-19 vaccine?

All providers should make sure they're registered in Immunet. MDPCP will be issuing guidance shortly, and it will be available on our [website](#).

Equipment

Latest Research

What is the latest research on guidance on what masks the CDC recommends people wear to prevent COVID-19?

The CDC's latest guidance on what type of masks are effective can be found [here](#).

Telehealth

Policies / standards

When is an office visit warranted rather than consultation via telemedicine?

Use clinical judgement on a case-by-case basis.

Online Telehealth Resources:

- [Medicare telehealth medicine health care provider fact sheet](#)

- [Frequently asked questions about using telehealth for Medicare annual wellness visits and initial preventative physical exams.](#)
- [Medical Learning Network Booklet on Telehealth](#)

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. More information can be found [here](#).

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.

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.

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. You can also recommend patients get home blood pressure reading devices that they can then read to providers during visits.

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?

Please look at information on the [MDPCP Coronavirus page](#), as well as the [CMS Telemedicine Toolkit](#). In addition, you may visit the HHS Telemedicine Hacks page [here](#).

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](#).

Billing

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](#).

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 this [website](#).

Additional information regarding CMS flexibilities for providers to fight COVID-19 can be viewed [here](#).

For additional details, please review the PMO's [Billing and Coding webinar from 4/9/20](#) or visit the [MDPCP Coronavirus Page](#).

What are the covered Medicare telehealth services under the Public Health Emergency?

Information about what is covered can be found [here](#).

Is malpractice insurance needed for telemedicine?

Yes. Insurers are aware of the situation. Please call your insurer for guidance.

Grants and assistance for providers

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 October 23 for another 90 days](#). For more information about the PHE, please visit the [Declaration webpage](#). Additionally, Maryland's latest state of emergency declaration can be found [here](#).

Where can I access further resources?

- ❖ Maryland Layoff Aversion Fund [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](#)

Resources for providers to share with patients

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 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 December 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.

How else can Marylanders help respond to COVID-19?

For more information on how Marylanders can help, please visit [Maryland Unites](#).

Key links

- ❖ Maryland Department of Health Coronavirus Website (<https://coronavirus.maryland.gov>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC National data on COVID-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)
- ❖ Community- and Faith-Based Organizations (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events (<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups (<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)
- ❖ CMS COVID 19 FAQs for Medicare Fee-For-Service Billing (https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf?inf_contact_key=bc23671cec0cfe7010e5b7994c0e001e)

Archived questions

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.

Are there any disinfectants that can fight COVID-19?

Yes. Please see the following link to CDC guidance [here](#).

CDC ends its 14-day quarantine recommendation for returning travelers (August 21, 2020)

The [CDC updated its travel requirements online](#) to advise travelers to "follow state, territorial, tribal and local recommendations or requirements after travel." Previous guidelines recommended a 14-day quarantine for those returning from international destinations or areas with a high concentration of COVID-

19 cases. The CDC still notes that people exposed to COVID-19 risk infecting others for 14 days, so travelers regardless of where they have traveled or what they did during their trips should follow social distancing guidelines indoors and outdoors, wear a mask outside the home, wash hands often and watch for COVID-19 symptoms upon their return home.

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](#).

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](#).

Are there any liability issues regarding testing in a parking lot?

You should check with your liability carrier regarding this issue.

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.

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.

When should pediatric patients be tested?

According to the practitioners' clinical judgement.

Where else can a person under 18 years old be tested?

Children can be tested at [VEIP sites](#), but must be at least 2 months old to be tested. Please call ahead to confirm any age restrictions. [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.

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.

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 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](#).

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 can be found [here](#).

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](#).

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 should I 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 you do not receive answers from requests to counties, resend/repeat your request to the county health department.

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.

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.

What types of areas could medical staff use to conduct outdoor triage?

Several Maryland hospitals have used a parking lot to conduct [triage](#) outdoors and one hospital in Washington state has set up a temporary tent outdoors for [triage](#). The AAFP created guidance for setting up outdoor triage [here](#).

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](#) for more information. Employment opportunities for healthcare professional and support staff also can be found at www.marylandmednow.com

What is the Maryland State Government recommending to primary care providers who cannot obtain masks and other PPE?

PPE can be obtained by ordering from commercial vendors or local Maryland health departments. If your practice has a relationship with a PPE vendor, continue to procure PPE from that vendor. If PPE cannot be sourced from your regular vendor, providers may request PPE by completing and submitting this linked form for your local health department. In addition to available State supplies, PPE is available from sources in the [Maryland Manufacturing Network Supplier Portal](#) and from other [PPE Vendors](#).