

# COVID-19 TOWN HALL Q&A – April 1, 2020

QUESTION TOPIC INDEX	
<ul style="list-style-type: none"> <li>• Telehealth</li> <li>• Continuing Professional Development and Continuing Medical Education</li> <li>• Advocacy and Government Relations</li> <li>• Health of the Public and Science</li> <li>• Practice Advancement</li> <li>• Medical Education</li> </ul>	
MEMBER QUESTIONS	AAFP RESPONSES
TELEHEALTH	
Can the AAFP recommend any books or websites with approved telehealth protocols?	As of April 2, 2020, the AAFP is not aware of resources with approved telehealth protocols for patients with COVID-19.
Do you need a modifier for telephone-only calls?	<p>You do not need a modifier for Medicare. Use the CPT codes for telephone-only services (99441-99443). You can find information on these codes and others covered by Medicare on the AAFP's COVID-19 telehealth page <a href="#">here</a>.</p> <p>No modifier is needed when reporting the telephone services codes used by physicians and other qualified health care professionals who may report evaluation and management (E/M) services (99441-99443).</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) has designated the telephone services codes used by practitioners who cannot separately bill for E/M services (98966-98968) as “sometimes therapy” services that would require a private practice occupational therapist, physical therapist, or speech-language pathologist to include the corresponding GO, GP or GN therapy modifier on claims for these services.</p>
During the course of a telehealth visit, how do you code for a patient who is determined to need a face-to-face office visit? Would you just code the face-to-face visit as an office visit and disregard the telehealth visit?	<p>If there is a face-to-face visit, then you cannot charge for the telehealth visit. You will have to gauge which type of visit is best for your patient.</p> <p>This depends on how the telehealth visit is being reported and when the face-to-face visit occurs relative to the telehealth visit.</p> <p>If the telehealth visit is being reported using an office/outpatient visit code (99201-99215) and the patient is subsequently seen face-to-face in the office on the same date, then a single office/outpatient visit code would be reported, reflecting the entirety of the service as provided both via telehealth and a face-to-face visit.</p> <p>If the telehealth visit is being reported using an office/outpatient visit code (99201-99215) and the patient is subsequently seen in person in the office on a different date, both services may be separately reported. The telehealth visit would be reported with the appropriate office/outpatient visit code and modifier 95 (Synchronous Telehealth Service Rendered Via a Real-Time Interactive Audio and Video</p>

	<p>Telecommunications System); the place-of-service (POS) code should reflect the place of service where the visit would have occurred if in person (e.g., POS-11 for “office”). The face-to-face visit would be reported separately as normal since it occurred on a different date.</p> <p>If the telehealth visit, in fact, reflects another service, such as a telephone call, virtual check-in or asynchronous e-visit that would be reported with something other than an office/outpatient visit E/M code, whether it can be reported in addition to the subsequent face-to-face visit will depend on the code used to report the telehealth service and when it occurs vis-a-vis the face-to-face visit. For instance, if the telehealth service is a telephone call (99441-99443) that leads to a face-to-face visit within the next 24 hours or soonest available appointment, then you can only report the subsequent face-to-face visit and not the telephone call.</p>
<p>What is the difference for telehealth with video/audio and the online digital evaluation?</p>	<p>Online digital E/M services (99421-99423) typically represent asynchronous telehealth services that the patient initiates through HIPAA-compliant secure platforms, such as electronic health record (EHR) portals, secure email, or other digital applications, which allow digital communication with the physician or other qualified health professional. These services span seven days and do not typically include the synchronous face-to-face video component associated with telehealth with video and audio.</p> <p>You can find out more about those codes on the AAFP’s COVID-19 telehealth page <a href="#">here</a>.</p>
<p>Do telehealth appointments always need to be done from the office or can they be done from the provider’s home as well?</p>	<p>The physician or mid-level provider can be at any location. CMS requests that you put your location on your claim.</p> <p>Telehealth visits can be provided from a physician’s home. The physician should ensure they are able to provide the service in a secure and confidential manner.</p>
<p>Are there plans for reimbursing telephone-only telehealth appointments at the same rates as audio/video appointments?</p>	<p>CMS is still requiring the use of video to be able to bill for at 99201-99215 as a telehealth visit.</p> <p>CMS is covering telephone services (99441-99443) for new and established patients. As noted, the Medicare payment allowances for these codes are generally less than that of telehealth visits that involve both real-time audio and video, which can be reported using office/outpatient E/M visit codes (99201-99215).</p>
<p>Do you start timing telehealth visits when the clinical staff begins the appointment or when the physician arrives?</p>	<p>CMS recently announced it will allow physicians to select the level of outpatient E/M service based on time or medical decision-making. Time is defined as time associated with the E/M service on the date of the encounter. CMS is maintaining the typical times associated with the office visit E/M codes, and those should be used for code selection. They can be found <a href="#">here</a>. This policy only applies to office visit E/M services provided via Medicare telehealth and is in effect for the duration of the COVID-19 pandemic.</p>

<p>How can we bill for phone conversations for medical services? Do you complete the entire conversation or does your medical assistant (MA) get initial information? Do you start the time then or just when you get on the call?</p>	<p>If you are billing 99202-99205 or 99212-99215, then you can have a team approach to completing the visit as you would for an in-office visit.</p> <p>Family physicians may bill for phone conversations for medical services using CPT codes 99441-99443. You may involve your MA in the call, since the relative value of these services includes clinical staff time. However, for purposes of choosing the correct code based on time, you should only count the time that the physician or other qualified health care professional (e.g., nurse practitioner) spent talking with the patient.</p>
<p>Can we trust the preferred provider organizations (PPOs) to pay for the telehealth modifier/POS?</p>	<p>The AAFP has not received any concerns regarding private payers not paying for telehealth when the appropriate modifier/POS is used. Many private payers have released coding and billing resources outlining telehealth modifier/POS requirements to direct physicians.</p>
<p>Will the increase in telehealth visits be here to stay?</p>	<p>The AAFP will be advocating for the continued expansion of telehealth payment beyond the public health emergency.</p>
<p>Medicare seemed to change how POS-02 should be added to claims. Can you please clarify appropriate use of POS when doing telehealth?</p>	<p>CMS announced new guidance and regulations. You can find our summary of the changes <a href="#">here</a>.</p> <p>One key change was that CMS will pay parity on office visit codes (i.e., 9921x) if delivered by telehealth. Previously, they paid at the facility-fee level. To submit a claim to get the appropriate payment, you need to use your normal code (POS-11) and modifier-95. Do not use POS-02 (Telehealth), which was the guidance. If you do, you will get the lower facility-fee rate.</p> <p>We are checking to see if practices can re-submit claims already submitted with POS-02.</p> <p>More information is available on the AAFP's COVID telehealth page <a href="#">here</a>.</p> <p>Per CMS, for telehealth visits reported with the appropriate office/outpatient visit code (99201-99215), the POS code should reflect the place of service where the visit would have occurred if face-to-face (e.g., POS-11 for Office). This will ensure the service is paid at the same rate as if it were provided face-to-face in the office setting. To indicate the visit was provided virtually, append modifier-95 (Synchronous Telehealth Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System) to the line item on the claim.</p> <p>As noted, CMS previously required telehealth services to be reported with POS-02 (Telehealth). However, that POS code results in the service being paid the facility rate under the Medicare physician fee schedule, which is typically less than the non-facility rate paid for office visits. For the duration of the public health emergency, CMS has changed its instructions, as described above.</p>
<p>With the recent changes on telehealth for Medicare, can</p>	<p>The Medicare AWW codes are on the list of approved Medicare telehealth services. However, they were placed on the list when the</p>



<p>Annual Wellness Visits (AWVs) now be done virtually? Can you clarify if Medicare will pay for AWVs done via telehealth?</p>	<p>originating site restrictions were in place, limiting Medicare coverage of telehealth services to clinical sites, such as physician offices. It is unclear that CMS anticipated Medicare AWV to be delivered via telehealth in non-clinical sites, such as a patient's home. It is also unclear how some elements of the visit (e.g., blood pressure, body mass index, waist circumference) would be accommodated and accepted by CMS, as current guidelines require these to be obtained by a health professional. Absent explicit guidance from CMS on this issue, the AAFP does not advise doing a Medicare AWV via telehealth unless the patient is in a clinical originating site.</p>
<p>Is CMS holding payment back on telehealth visits?</p>	<p>The AAFP is not aware that CMS is delaying payment for telehealth services. Please be aware that the Medicare statute provides for claim payment floors and ceilings. A floor is the minimum amount of time a claim must be held before payment can be released. A ceiling is the maximum time allowed for processing a clean claim before Medicare owes interest to a supplier of services. The current floor for clean claims filed electronically is 13 days (28 days for paper claims), and the ceiling is 30 days. Thus, it would normally take at least two weeks to receive Medicare payment on a clean electronic claim and may take up to 30 days, depending on your Medicare administrative contractor's claim load and other circumstances (such as the current public health emergency).</p>
<p>Are rural health clinics paid for audio-only calls for Medicare and Medicaid patients?</p>	<p>Yes. More information for federally qualified health centers (FQHCs) and rural health clinics (RHCs) is available on the AAFP's COVID telehealth page <a href="#">here</a>.</p> <p>The Coronavirus Aid, Relief and Economic Security (CARES) Act loosened federal restrictions regarding telehealth for FQHCs and RHCs. Both FQHCs and RHCs may now provide telehealth services as distant-site providers. They had previously been limited to serving as the originating site. We are still waiting on additional guidance from CMS on how FQHCs and RHCs should bill for telehealth and the associated payment rate for telehealth services provided by the FQHC or RHC.</p> <p>FQHCs and RHCs can bill for virtual communication services (HCPCS G0071). Virtual communication services include:</p> <ul style="list-style-type: none"> <li>• Five minutes or more of virtual (non-face-to-face) communication between an FQHC or RHC practitioner and FQHC or RHC patient; or</li> <li>• Five minutes or more of remote evaluation of recorded video and/or images by an FQHC or RHC practitioner, occurring in lieu of an office visit.</li> </ul> <p>On March 30, CMS released an interim final rule. In it, CMS expanded the services included in HCPCS G0071 (virtual communication services). In addition to the services listed above, G0071 now includes:</p> <ul style="list-style-type: none"> <li>• The services as described by CPT codes 99421-99423 <ul style="list-style-type: none"> <li>○ Online digital E/M services for a patient, for up to seven days, cumulative time during the seven days of 5-10 minutes, 11-20 minutes or 21 or more minutes.</li> </ul> </li> </ul>

	<p>CMS will update the payment rate for G0071 to be the average national non-facility rate of HCPCS G2012, G2010, and CPT 99421-99423. G0071 can be provided to both new and existing patients.</p> <p>To date, CMS has not released any guidance on whether FQHCs and RHCs can bill for telephone/audio-only calls, such as CPT 99441-99443. The audio-video requirements remain in place for all settings for telehealth services.</p>
Family lawyers get paid \$50 for 10 minutes on the phone while family doctors get \$14.40. When do you anticipate family physicians will get paid for telehealth appropriately?	The AAFP is advocating for appropriate payments for family physicians. We continuously advocate with Medicare and private payers for the appropriate payment of family physicians' services. We will continue to do that with respect to the telephone services codes (99441-99443), but we do not know when the payment level for those services might increase.
Is the AAFP lobbying to have the same office code for phone-only and video telehealth so they reimburse the same?	The AAFP is advocating for appropriate payment for the telephone services codes (99441-99443). Whether we will be able to achieve parity in payment with face-to-face services, such as 99213-99215, is unknown. In the meantime, we appreciate that CMS has begun to cover and pay for telephone services, thus aiding family physicians' cash flow, rather than leaving them as uncompensated care under the Medicare physician fee schedule.
<b>CONTINUING PROFESSIONAL DEVELOPMENT AND CONTINUING MEDICAL EDUCATION</b>	
Are there links for the AAFP's Virtual Town Hall continuing medical education (CME) credit?	<p>To provide feedback and submit for Live credit, click <a href="#">here</a>.</p> <p>To provide feedback and submit for Enduring credit, click <a href="#">here</a>.</p>
<b>ADVOCACY AND GOVERNMENT RELATIONS</b>	
Is the AAFP advocating for extension of nationwide social distancing?	In a March 27, 2020, Council of Medical Specialty Societies letter, the AAFP and more than 40 other organizations called on the administration to support science-based recommendations on social distancing to slow COVID-19. A strong nationwide plan, the letter said, should remain in place until public health and medical experts indicate it can be lifted.
Does the CARES Act apply to hospital-employed physicians?	The CARES Act and Family First Act apply universally. For more information, read our summary <a href="#">here</a> .
Does the CARES Act only cover staff salaries or does it cover physician salaries (self-owned or employed)?	For sole proprietors, independent contractors and self-employed individuals, payroll cost is the sum of payments of any compensation to, or income of, a sole proprietor or independent contractor that is a wage, commission, income, net earnings from self-employment or similar compensation, and that is in an amount that is not more than \$100,000 in one year, as pro-rated for the covered period.
Do physicians have to pay back Small Business Administration (SBA) loans	Payments are deferred for six months. The loan has a 0.50% fixed interest rate and is due in two years.



<p>in full over the two years, and only at that point receive forgiveness?</p>	<p>The Paycheck Protection Program (PPP) loan will be forgiven dollar for dollar to the extent that proceeds are used for payroll support (including salaries, group health costs and insurance premiums, mortgage interest or rent payments, utility payments and interest on certain other debt obligations) during the eight-week period following the origination of the PPP loan. After this eight-week period is complete you would submit documentation of eligible expenses to your banker to determine the amount of forgiveness. The lender must make a decision on the forgiveness within 60 days. Read more about the PPP loan <a href="#">here</a>.</p> <p>There are no prepayment penalties. We encourage you to contact your business banker for additional information.</p> <p>Please note that the government is now advising that because of high participation, it is anticipated that not more than 25% of the forgiven amount may be for non-payroll costs. The loan forgiveness cannot exceed the principal.</p>
<p>What is included in payroll costs for the PPP loan?</p>	<p>The following are included in payroll cost: For employers, payroll cost is the sum of payments of any compensation to employees that is a:</p> <ul style="list-style-type: none"> <li>• Salary, wage, commission or similar compensation</li> <li>• Payment of cash tip or equivalent</li> <li>• Payment for vacation, parental, family, medical or sick leave</li> <li>• Allowance for dismissal or separation</li> <li>• Payment required for the provisions of group health care benefits, including insurance premiums</li> <li>• Payment of any retirement benefit</li> <li>• Payment of state or local tax assessed on the compensation of the employee</li> </ul> <p>For sole proprietors, independent contractors and self-employed individuals, payroll cost is the sum of payments of any compensation to, or income of, a sole proprietor or independent contractor that is a wage, commission, income, net earnings from self-employment or similar compensation and that is in an amount that is not more than \$100,000 in one year, as pro-rated for the covered period.</p>
<p>How do we apply for the Public Health and Social Services Emergency Fund?</p>	<p>Guidance is not yet available on the application process for the Public Health and Social Services Emergency Fund. The U.S. Department of Health and Human Services (HHS) will need to set out criteria it will use to allocate the funds. Once released, the AAFP will provide guidance on how members can access the funds. Until then, the AAFP has developed a <a href="#">COVID-19 Related Loss Calculator</a> to help you quantify the financial harm to your practice.</p>
<p>For how many months would you recommend we request the loan? Or does it not work that way?</p>	<p>Economic Injury Disaster Loans can be made for up to 30 years with 12 months of no payments. There are no pre-payment penalties. Check with your banker or certified public accountant for additional advice.</p>
<p>If we tap the hospital emergency fund, will that</p>	<p>The Public Health and Social Services Emergency Fund and the PPP are completely separate programs. Guidance is not yet available on the</p>

<p>disqualify us from full assistance in PPP or other help?</p>	<p>application process for the Public Health and Social Services Emergency Fund. U.S. Department of Health and Human Services (HHS) will need to set out criteria it will use to allocate the funds. Once released, the AAFP will provide guidance on how members can access the funds. Until then, the AAFP has developed a <a href="#">COVID-19 Related Loss Calculator</a> to help you quantify the financial harm to your practice.</p>
<p>Are payments for the Medicare Accelerated and Advance Payment Program expected to go beyond three months?</p>	<p>Currently, under the <a href="#">Medicare Accelerated and Advance Payment Program</a>, physicians are allowed to request up to 100% of the Medicare payment for a three-month period. The AAFP will advocate that this opportunity be made available through the duration of the emergency.</p>
<p>Is the PPP applicable to FQHCs?</p>	<p>Yes, as long as you meet the eligibility criteria. You are eligible if you are:</p> <ul style="list-style-type: none"> <li>• A small business with fewer than 500 employees</li> <li>• A small business that otherwise meets the SBA’s size standard</li> <li>• A 501(c)(3) with fewer than 500 employees</li> <li>• An individual who operates as a sole proprietor</li> <li>• An individual who operates as an independent contractor</li> <li>• An individual who is self-employed who regularly carries on any trade or business</li> <li>• A Tribal business concern that meets the SBA size standard</li> <li>• A 501(c)(19) veterans organization that meets the SBA size standard</li> </ul>
<p>Can the AAFP clarify how the PPP and the Economic Injury Disaster Loan (EIDL) work together in terms of forgiveness?</p>	<p>To access the advance for an EIDL, you first apply for an EIDL and then request the \$10,000 advance. The advance does not need to be repaid under any circumstance, and may be used to keep employees on payroll, pay for sick leave, meet increased production costs due to supply chain disruptions or pay business obligations, including debts, rent and mortgage payments.</p> <p>If you apply for an EIDL and the \$10,000 advance, you can still apply for a PPP loan. However, the amount forgiven under a PPP loan will be decreased by the \$10,000 grant. Read more <a href="#">here</a>.</p> <p>Please reach out to your local Small Business Development Center, Women’s Business Center, SCORE chapter, or SBA district office.</p>
<p>If I take a salary as a physician, will that also be part of the payroll expense that makes up the 75% expenditure from loan?</p>	<p>Under the PPP loan, employee/owner compensation is included up to \$100,000. It is possible that you may encounter technical challenges or processing delays due to the anticipated high volume of loan applications.</p>
<p>On the loan forgiveness, do you have to maintain staff with full-time pay or can we cut hours, but maintain their jobs?</p>	<p>The amount of loan forgiveness is reduced if there is a reduction in the number of employees or a reduction of greater than 25% in wages paid to employees. Please refer to this <a href="#">guide</a> for additional information on how to calculate loan reductions.</p>



<p>Is there a role for our state insurance commissioners to advocate for telehealth parity?</p>	<p>Yes, the <a href="#">AAFP State Advocacy COVID-19 Backgrounder</a> includes a number of provisions insurance commissioners could act on to help mitigate the effects of a COVID-19 outbreak.</p>
<p>Can medication-assisted treatment (MAT) practices apply for loans via the CARES Act?</p>	<p>Yes, as long as you meet the eligibility criteria. You are eligible if you are:</p> <ul style="list-style-type: none"> <li>• A small business with fewer than 500 employees</li> <li>• A small business that otherwise meets the SBA’s size standard</li> <li>• A 501(c)(3) with fewer than 500 employees</li> <li>• An individual who operates as a sole proprietor</li> <li>• An individual who operates as an independent contractor</li> <li>• An individual who is self-employed who regularly carries on any trade or business</li> <li>• A Tribal business concern that meets the SBA size standard</li> <li>• A 501(c)(19) Veterans Organization that meets the SBA size standard</li> </ul>
<p>It appears that the loans and grants only help independent physicians. Are there programs for employed physicians?</p>	<p>The AAFP is working to identify and compile resources to assist all physicians dealing with reduced compensation. We have not yet identified assistance for physicians dealing with reduced compensation.</p> <p>The CARES Act did make unemployment insurance available to several groups typically not covered. This may assist some physicians if they become unemployed. Newly covered groups include the self-employed, independent contractors, part-time employment seekers and those who lack sufficient work history. You must certify unemployment is due to COVID-19. Unemployment reasons include:</p> <ul style="list-style-type: none"> <li>• Diagnosed with COVID-19 (self or member of household)</li> <li>• Providing care for family member diagnosed with COVID-19</li> <li>• Caregiver unable to work due to school or childcare closure</li> <li>• COVID-19 quarantine</li> <li>• Scheduled to start a job, but cannot due to COVID-19</li> <li>• Household breadwinner dies due to COVID-19 and another adult becomes primary financial support for household</li> <li>• Quit a job due to COVID-19</li> </ul>
<p>How quickly can you get the loan after the application?</p>	<p>These loans are being expedited, but no specific time frame is given. Funds for a loan advance of \$10,000 will be made available within three days of a successful application. Banks and lenders are still awaiting clear rules for making the loans and the extent to which borrower information must be verified.</p> <p>Borrowers are encouraged to contact banks with which they have an existing relationship to expedite the loans.</p> <p>It is possible that you may encounter technical challenges or processing delays due to the anticipated high volume of loan applications.</p>
<p>Does money paid to contractors count as payroll</p>	<p>Average monthly payroll costs do not include 1099 subcontractors. Self-employed (1099) individuals are eligible for their own PPP loan and loan forgiveness.</p>





<p>in the loan forgiveness program?</p>	<p>Employee/owner compensation over \$100,000 is excluded.</p> <p>Employees include all full-time and part-time direct employees, plus those indirectly employed through a temporary employee agency, professional employer organization or leasing business. The SBA will consider the totality of the circumstances, including the criteria used by the Internal Revenue Service (IRS) for federal income tax purposes, in determining whether individuals are employees of a business. Check with your local lender for verification.</p>
<p>Can equipment lease expenses be forgiven?</p>	<p>The PPP loan forgiveness can be used for “rent under a lease agreement.” The rules do not specify if this includes equipment lease.</p>
<p>Has the AAFP had any dialogue with CMS regarding parity in payment between face-to-face and telephone services?</p>	<p>The AAFP is advocating for appropriate payment for the telephone services codes (99441-99443). Whether we will be able to achieve parity in payment with face-to-face/video services is unknown. In the meantime, we appreciate that CMS has begun to cover and pay for telephone services, thus aiding family physicians’ cash flow rather than leaving them as uncompensated care under the Medicare physician fee schedule.</p>
<p><b>HEALTH OF THE PUBLIC AND SCIENCE</b></p>	
<p>Is there any AAFP advocacy for medication assistance programs?</p>	<p>Medication assistance programs are operated by pharmaceutical manufacturing companies to provide patients with access to medication at a lower cost or at no cost. The AAFP has written to private and public payers to request flexibility during the current public health emergency and will continue to seek ways to increase access and reduce barriers to care in response to COVID-19. Please continue to follow the <a href="#">AAFP’s COVID-19 resources</a> for updates.</p>
<p>Is anyone advocating for emergency credentialing of outpatient physicians to practice in hospitals or as telehealth backups?</p>	<p>There are emergency provisions to guide and allow for emergency credentialing of both outpatient physicians and retired physicians acting as volunteers. Some state emergency declarations have begun to address this. Find out if your hospital has active emergency operations plans and how it impacts credentialing. Check out the <a href="#">Federation of State Medical Boards COVID-19 pages</a> for more details.</p>
<p>Has there been any discussion about extending flu shots past March for those not immunized for this flu season?</p>	<p>As long as there is supply, typical vaccinations for flu are offered through March and into April or May. We don't anticipate this changing for this season.</p>
<p>Does the AAFP know of new flexibility in being able to fax prescriptions for controlled substances to pharmacies to support social distancing orders?</p>	<p>On March 31, 2020, the Drug Enforcement Administration (DEA) issued guidance to DEA-registered physicians that provides flexibility for physicians managing patients with opioid use disorder (OUD). The new guidance permits physicians with a waiver allowing them to prescribe buprenorphine for the treatment of OUD to issue these prescriptions to new and existing patients based on an evaluation via telephone. The new policy is effective from March 31 and through the duration of the COVID-19 emergency.</p>



	The DEA also issued guidance on drug prescribing via telehealth as early as January 2020. Read more <a href="#">here</a> .
Are there any studies for donation of plasma of COVID-19 positive patients?	There is a large study being conducted by the National Heart Lung Blood Institute (NHLBI). More information on how to donate plasma or participate can be found <a href="#">here</a> .
How do we access personal protective equipment (PPE)?	This varies by area. Please contact your health system and local public health office. The AAFP continues to advocate for increased supply to family physicians. Read the AAFP statement on PPE <a href="#">here</a> .
Should we wear face masks when we see patients?	<u>Per the CDC</u> , if a patient is suspected of having a respiratory infection, then physicians and their team should wear appropriate PPE.
How do we know when we are not shedding the virus?	<u>Per the CDC</u> , the timing of virus shedding is still unknown at this time.
Did CMS make a determination about doing Medicare AWWs without obtaining vitals?	No. The Medicare AWW codes are on the list of approved Medicare telehealth services. However, they were placed on the list when the originating site restrictions were in place, limiting Medicare coverage of telehealth services to clinical sites, such as physician offices. It is unclear that CMS anticipated Medicare AWW to be delivered via telehealth in non-clinical sites, such as a patient’s home. It is also unclear how some elements of the visit (e.g., blood pressure, body mass index, waist circumference) would be accommodated and accepted by CMS as current guidelines require these to be obtained by a health professional. Absent explicit guidance from CMS on this issue, the AAFP does not advise doing a Medicare AWW via telehealth unless the patient is in a clinical originating site.
There are many physicians on visas and obligated to work in a particular area. Is there any information related to these physicians being able to volunteer/work in high-need areas, if needed?	The U.S. Department of State—Bureau of Consular Affairs provides guidance. Review the information for your specific situation <a href="#">here</a> .
What is the likelihood of wide deployment of point-of-care testing for COVID-19?	There are many serological point-of-care testing kits that are now becoming available on the market, as well as some rapid viral detection methods (for moderate- or high-complex labs). It is worth noting that these testing kits have not been reviewed by the Food and Drug Administration (FDA) and validated with the normal stringent guidelines set by the FDA. Many lack the specificity and sensitivity to accurately test patients with confidence. With this in mind, physicians should put the test result in context with other clinical findings. The AAFP believes that family physicians should absolutely have access to point-of-care testing for COVID-19, but we want those tests to be accurate and reliable.
How many days should I stay home if I have coronavirus?	<u>Per the CDC</u> , persons who have COVID-19 and symptoms may discontinue home isolation following: <ul style="list-style-type: none"> <li>• Resolution of fever without the use of fever-reducing medications</li> </ul>

	<ul style="list-style-type: none"> <li>• Improvement in respiratory symptoms (e.g., cough, shortness of breath)</li> <li>• Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected <math>\geq 24</math> hours apart (total of two negative specimens)</li> </ul> <p>Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least seven days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.</p>
<p>How do we prevent the collateral damage to patients not needing COVID-19 care, but needing care for their chronic or acute medical conditions?</p>	<p>The AAFP's policy on preventive and non-urgent care can be found <a href="#">here</a>.</p>
<p><b>PRACTICE ADVANCEMENT</b></p>	
<p>Do commercial payers also require POS-02 for billing? Or is this just Medicare?</p>	<p>Place of service requirements for telehealth services vary by payer. The AAFP has compiled national COVID-19 payment policies for Aenta, Anthem, Cigna, Humana and United Health Care, which can be found <a href="#">here</a>. We recommend contacting your local provider representative for guidance specific to your contract.</p>
<p>Does payment parity apply for rural health clinics (RHCs)?</p>	<p>The CARES Act loosened restrictions regarding telehealth for FQHCs and RHCs. Both FQHCs and RHCs may now provide telehealth services as distant site providers. They had previously been limited to serving as the originating site. We are still waiting on additional guidance from CMS on how FQHCs and RHCs should bill for telehealth services and the associated payment rate for telehealth services provided by FQHCs and RHCs.</p>
<p>How are CARES Act loans forgiven?</p>	<p>The PPP loan will be forgiven dollar for dollar to the extent that proceeds are used for payroll support (including salaries, group health costs and insurance premiums, mortgage interest or rent payments, utility payments and interest on certain other debt obligations) during the eight-week period following the origination of the PPP loan. After this eight-week period is complete, you would submit documentation of eligible expenses to your banker to determine the amount of forgiveness. The lender must make a decision on the forgiveness within 60 days.</p> <p>For an EIDL loan, you first apply for an EIDL and then request the \$10,000 advance. The advance does not need to be repaid under any circumstance, and may be used to keep employees on payroll, pay for sick leave, meet increased production costs due to supply chain disruptions or pay business obligations, including debts, rent and mortgage payments.</p> <p>It is possible that you may encounter technical challenges or processing delays due to the anticipated high volume of loan applications.</p>

<p>How fast are funds released through the CARES Act?</p>	<p>These loans are being expedited, but no specific time frame is given. Funds for a loan advance of \$10,000 will be made available within three days of a successful application. Banks and lenders are still awaiting clear rules for making the loans and the extent to which borrower information must be verified.</p> <p>Borrowers are encouraged to contact banks with which they have an existing relationship to expedite the loans.</p> <p>It is possible that you may encounter technical challenges or processing delays due to the anticipated high volume of loan applications.</p>
<p>When does the loan forgiveness happen with the SBA loan?</p>	<p>The PPP loans will be forgiven dollar for dollar to the extent that proceeds are used for payroll support during the eight-week period following the origination of the PPP loan. After this eight-week period is complete, you would submit documentation of eligible expenses to your banker to determine the amount of forgiveness. The lender must make a decision on the forgiveness within 60 days.</p> <p>For an EIDL loan, you first apply for an EIDL and then request the \$10,000 advance.</p>
<p>What is the process for lost revenue recoupment?</p>	<p>Guidance is not yet available on the application process for the Public Health and Social Services Emergency Fund. U.S. Department of Health and Human Services (HHS) will need to set out criteria it will use to allocate the funds. Once released, the AAFP will provide guidance on how members can access the funds. Until then, the AAFP has developed a <a href="#">COVID-19 Related Loss Calculator</a> to help you quantify the financial harm to your practice.</p>
<p>If we continue to pay our staff, which program will allow this to be a grant?</p>	<p>The PPP loan is designed to keep people employed. Importantly, these loans may be forgiven if borrowers maintain their payrolls during the crisis or restore their payrolls afterward (prior to June 30, 2020). Please see specific information posted elsewhere in this Q&amp;A and <a href="#">here</a>.</p> <p>It is possible that you may encounter technical challenges or processing delays due to the anticipated high volume of loan applications.</p>
<p>When can we apply for the SBA loans?</p>	<p>Starting April 3, 2020, small businesses and sole proprietorships can apply for and receive loans to cover their payroll and other certain expenses through existing SBA lenders.</p> <p>Starting April 10, 2020, independent contractors and self-employed individuals can apply for and receive loans to cover their payroll and other certain expenses through existing SBA lenders.</p> <p>Other regulated lenders will be available to make these loans as soon as they are approved and enrolled in the program.</p> <p>Borrowers will need to complete the <a href="#">Paycheck Protection Loan Application</a> and payroll documentation.</p>



	Borrowers are encouraged to apply as soon as possible given the loan cap on the program. Prepare now to be ready. Consult with your local bank or other financial institution currently participating in the SBA 7(a) loan program.
Do we know what rate of interest CARES Act loans will be set?	The PPP loans have a maturity of two years and an interest rate of 0.5%. The interest rates for EIDL loans are 3.75% for small businesses and 2.75% for private non-profits.
Will lost revenue also apply to our practices?	Guidance is not yet available on the application process for the Public Health and Social Services Emergency Fund. U.S. Department of Health and Human Services (HHS) will need to set out criteria it will use to allocate the funds. Once released, the AAFP will provide guidance on how members can access the funds. Until then, the AAFP has developed a <a href="#">COVID-19 Related Loss Calculator</a> to help you quantify the financial harm to your practice.
Does staff include the physician?	Employee/owner compensation is included up to a maximum of \$100,000.
Can you describe the recoupment program and how it differs from the PPP?	The Public Health and Social Services Emergency Fund and the PPP are completely separate programs. Guidance is not yet available on the application process for the Public Health and Social Services Emergency Fund. U.S. Department of Health and Human Services (HHS) will need to set out criteria it will use to allocate the funds. Once released, the AAFP will provide guidance on how members can access the funds. Until then, the AAFP has developed a <a href="#">COVID-19 Related Loss Calculator</a> to help you quantify the financial harm to your practice.
Can the AAFP help clarify how to use the <a href="#">COVID-19 Related Loss Calculator</a> ?	The calculator is meant to provide an overall view of the financial impact of COVID-19 on a practice. There will likely always be a lag between the income and the month listed, but the calculator should still be able to give an idea of the financial impact on your practice.
Will you be able to do the PPP and still qualify for the Public Health and Social Services Emergency Fund? If not, which is likely to be better?	The Public Health and Social Services Emergency Fund and the PPP are completely separate programs. Guidance is not yet available on the application process for the Public Health and Social Services Emergency Fund. U.S. Department of Health and Human Services (HHS) will need to set out criteria it will use to allocate the funds. Once released, the AAFP will provide guidance on how members can access the funds. Until then, the AAFP has developed a <a href="#">COVID-19 Related Loss Calculator</a> to help you quantify the financial harm to your practice.
Can the AAFP help promote telehealth visits for patients afraid to visit the doctor?	Please see the AAFP's <a href="#">COVID-19 Financial Relief</a> page that outlines all the options available to family physicians. Additionally, regulations have recently been eased to support better payment for telehealth and audio-only visits.
How do we prevent the collateral death of small practices?	The AAFP has strongly advocated for small and independent practices to remain viable during the COVID-19 crisis. For a complete list of issues the AAFP has taken on, please visit the <a href="#">AAFP Advocacy Hub</a> .



<p>I have two medical licenses in Arizona – allopathic and homeopathic. The fees from the homeopathic payers are private pay. Should these be excluded when using the calculator?</p>	<p>The HHS has not released guidance on this issue. The AAFP will review the guidance once it has been released and update the calculator accordingly.</p>
<p><b>MEDICAL EDUCATION</b></p>	
<p>I have not yet found nor heard of any process for our academic center practices. We've had to cut the numbers for our residents, in addition to our already meager faculty practice. What can be done about this?</p>	<p>The <a href="#">Accreditation Council for Graduate Medical Education (ACGME)</a> and the <a href="#">American Board of Family Medicine (ABFM)</a> have posted statements regarding changes to program requirements due to the COVID-19 crisis. The ACGME Review Committee for Family Medicine has also posted <a href="#">COVID-19 FAQs</a>. As programs adjust to alternate types of visits for residents, it is recommended that programs track each resident's type and quantity of visits to report in the annual ACGME WebAds Major Program Update section.</p>