

Keeping Physicians in Mind and Informed.



CORONAVIRUS UPDATE

CDC

COVID-19 Update, 4\20

April 20, 2020 | [ARKMED.org/covid19](https://www.arkmed.org/covid19)

Status Update as of 4\20, from ADH Website:

[View the ADH COVID-19 Dashboard here.](#)

It will be updated four times a day.

- Confirmed cumulative cases in Arkansas - 1923
- Active cases - 1133
- Recovered patients - 749
- Deaths - 42
- Patients in the hospital - 93
- Patients on ventilators - 24
- Healthcare workers - 244

Wroten Named to Economic Recovery Task Force

On April 18, Governor Asa Hutchinson has created the Governor's Economic Recovery Task Force to develop an industry-specific strategy and make recommendations to the Governor for Arkansas's economic recovery from the effects of COVID-19.

AMS Executive Vice President **David Wroten** was named to the task force,

along with 26 other business leaders from around the state. The task force will examine the impact and recovery needs across the spectrum of businesses and industries in the state and make recommendations necessary to assist the easing of COVID-19 mitigation measures and the restoration of the Arkansas economy.

New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE. Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. RHCs and FQHCs with this capability can immediately provide and be paid for telehealth services to patients covered by Medicare for the duration of the COVID-19 PHE.

[Click here to read the announcement.](#)

Physicians Advocacy Institute Federal Regulatory Update: COVID-19 Financial Supports

In this special edition newsletter, PAI provides an overview of the COVID-19-related financial supports that have been made available for physician practices through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The COVID-19 Public Health Emergency (PHE) continues to evolve rapidly, and Congress is preparing a fourth legislative stimulus package aimed at providing financial relief for health care providers, businesses, individuals and state and local governments experiencing financial losses because of the pandemic. PAI is partnering with Healthspieren to provide [real-time policy updates and analysis](#) and will continue to advocate for ongoing, meaningful financial support for physician practices and relief from unnecessary regulatory burdens during this crisis.

HHS Distributes First Round of CARES Act Public Health and Social Services Emergency Fund

On Friday, April 10, the Department of Health and Human Services (HHS) began distributing \$30 billion of the \$100 billion the CARES Act allotted for the Public Health and Social Services Emergency Fund (Relief Fund). The Relief Fund was established to reimburse physicians and other health care providers for COVID-19-related expenses and lost revenues. The disbursements are based on 2019 Medicare fee-for-service (FFS) payments and have been made automatically via direct deposit. These payments will not need to be repaid. CMS Administrator Seema Verma has indicated that the next phase of payments will target health care providers whose Medicare FFS billings are lower than the initial group of providers (e.g., pediatricians, physicians who

participate primarily in Medicare Advantage or serve the Medicaid population). Additional information is available on the [HHS website](#) and in the [Relief Fund Terms and Conditions document](#), and key elements are summarized below.

Overlap with Other Funding Sources

While funds cannot be used to reimburse expenses or losses that are reimbursed from other sources as described above, there is no prohibition on practices/physicians from applying for additional funding through those sources. It is recommended that physicians clearly delineate which funds were used for which purposes and in what amount. The key is that HHS will not be permitting “double dipping” in the sense different funds are directed for the exact same expense for the exact same period.

For example, if a practice receives funds from the Relief Fund, Paycheck Protection Program (PPP), and the Economic Injury and Disaster Loans/Advancements (EIDLs), the funds may be distributed as follows:

- While only 75% of PPP must be used for payroll, practices could use 100% of PPP for payroll.
- EIDLs could be used to cover regular business expenses (e.g., mortgage or utility payments).
- Relief Fund payments could be used to cover outstanding expenses or losses that are still outstanding.
 - For example, the PPP funds may only be sufficient to cover 2 out of 4 months, so the Relief Funds could be used to cover the remaining 2 months.
 - Alternatively, Relief Fund payments could be used for costs associated with telehealth.

There are several additional funding sources available in addition to the Relief Funds.

Medicare Accelerated and Advance Payment Program (APP)

CMS released guidance on the temporarily expanded Medicare APP, allowing Medicare Administrative Contractors (MACs) to advance certain payments to offset cash flow issues resulting from disrupted claims submission and/or processing associated with the current COVID-19 PHE. These advance payments must be repaid. The conditions detailed in the guidance are summarized in [Healthspieren’s COVID-19 Medicare APP Summary](#).

Paycheck Protection Program (PPP)

The PPP provides federally guaranteed Small Business Association (SBA) 7(a) loans to employers on a first-come, first-serve basis without collateral requirements, personal guarantees, SBA fees, or “credit elsewhere” tests.

Loan amounts are determined based on a payroll-based formula. Generally, loan amounts equal 250 percent of monthly payroll costs and are capped at \$10 million. Due to high demand for these loans, the funds initially allocated for this program have been distributed. Congress is expected to replenish these funds at some level, potentially with additional eligibility criteria, in a fourth stimulus package.

These loans will be forgiven if utilized in accordance with the SBA guidance. Recipients can have up to 100 percent of the loan’s base principal and accrued

interest forgiven if at least 75 percent of the loan's proceeds are used specifically for payroll costs, with the remainder used for "forgivable purposes," which include: interest on mortgages, rent payments, and utility payments. Loan forgiveness is adjusted based on salary and/or staff reductions; however, employers may rehire staff to positively readjust forgiveness rates. For additional details, see [Healthsperien's Small Business Supports Summary](#). **COVID-19 Economic Injury and Disaster Loans and Advancements (EIDLs)**

EIDLs are standard SBA disaster loans providing up to \$2 million to offset temporary losses, with no personal guarantee and/or "credit elsewhere" requirements, and without requiring an applicant to be in business for the one-year period before the disaster. Eligible applicants may also receive a \$10,000 advancement of the loan (i.e., an Emergency Grant), which is not subject to repayment, even if the applicant is eventually denied. This advancement may be used for paid sick leave, meeting payroll costs, mortgage/rent costs, costs of obtaining materials, and/or repaying other obligations.

Applicants may be approved solely on credit score or through an alternative method based on an applicant's ability to repay, and applicants are not required to submit a tax return or tax return transcript for approval. For additional details, see [Healthsperien's Small Business Supports Summary](#).

Small Business Debt Relief Loans

Pursuant to the CARES Act, the SBA has established a Small Business Debt Relief Program which automatically pays the principal, interest, and fees of current non-disaster (and non-PPP) 7(a), 504, and microloans (as well as new loans issued prior to September 27) for a six-month period. This program also applies automatic deferments through December 31, 2020 for certain current SBA Serviced Disaster (Home and Business) loans. For more information please visit SBA's [Debt Relief page](#).

Tax Relief

The CARES Act provided several tax reliefs, through credits and other flexibilities, for small business. For additional details, see [Healthsperien's Small Business Supports Summary](#).

Federal Communications Commission (FCC)

The FCC is using \$200 million of CARES Act funding to establish a telehealth grant program to help eligible providers purchase necessary telecommunications, broadband connectivity, and devices. Applications for receiving funding under the program are **now available**, and additional details are provided in [Healthsperien's Telehealth Flexibilities Summary](#).

AMA Advocacy Update

Five vital lifelines still needed for struggling physician practices

AMA President Patrice A. Harris, MD, MA, discusses the five steps that are necessary to protect the viability of private physician practices from financial ruin as a result of COVID-19.

[Read more.](#)

[National Update](#)

Cyber threats exploiting COVID-19 are on the rise: How to protect patient

data

Responding to a spike in cyber threats that exploit telework technologies during the COVID-19 pandemic, the AMA and the American Hospital Association (AHA) teamed up to provide physicians and hospitals with guidance on protecting a remote work environment from cyber criminals.

[Read more.](#)

New policies provide flexibility for states and opioid treatment programs

The U.S. Substance Abuse and Mental Health Services Administration is waiving numerous requirements during the COVID-19 emergency to help patients with opioid use disorder (OUD) access treatment to encourage shelter-in-place efforts and minimize travel.

[Read more.](#)

DEA eases some controlled-substances rules during pandemic

The DEA is making allowances on its registration and shipping rules for satellite care locations created to meet the surge in COVID-19 patients.

[Read more.](#)

April 30 application deadline: 2019 MIPS reporting relief Practices can submit an Extreme and Uncontrollable Circumstances application until April 30. An application submitted between April 3 and April 30, citing COVID-19, will override any previous data submission.

[Read more.](#)

Congress focuses on the need for J-1 physicians during pandemic

The AMA supports the Conrad State 30 and Physician Access Reauthorization Act which would reauthorize the J-1 visa waiver program for an additional three years and make improvements to the program by requiring more transparency in employment contract terms.

[Read more.](#)

AMA pushes for key protections for patients and physicians during COVID-19

Responding to the COVID-19 pandemic, the AMA, in league with the Federation, has been vehemently advocating for policies that would protect patient access to care, the health of physicians and the viability of physician practices. Read about the latest activity.

[Read more.](#)

State Update

Policy options for states to address COVID-19

The AMA Advocacy Resource Center has compiled a robust list of policy options for states to address COVID-19, with information on telemedicine, liability protections, reducing administrative barriers, elective procedures and expanding coverage.

[Read more.](#)

AMA asks state policymakers to protect patient access to their physicians during COVID-19

The AMA sent letters to the National Governors Association, the National Association of Insurance Commissioners and the National Council of Insurance Legislators asking their members to adopt state policies that promote patient access to their physician during this pandemic and after the emergency.

[Read more.](#)

AMA COVID-19 recommendations for OUD, pain, harm reduction

These policy recommendations emphasize three main areas: ensuring access to care for patients, waiving limits and restrictions on prescriptions for controlled substances, and harm reduction to prevent overdose.

[Read more.](#)

States implementing policy recommendations to help patients with OUD, pain, harm reduction

The AMA has identified many new ways in which states are taking action to help patients with opioid use disorder and pain and how states are further supporting harm reduction efforts.

[Read more.](#)

PPE Requests

If your clinic does not have PPE and is unable to obtain what you need from your normal supplier, [complete the online form.](#)

Financial Assistance

We've compiled all of the financial resources that you may need for your clinic or practice during the COVID-19 crisis at <https://www.arkmed.org/financial-assistance-during-covid-19/>.

Telemedicine

View the latest information from insurance carriers, HIPAA, and other sources on telemedicine during the COVID-19 crisis at [ARKMED.org/telemedicine](https://www.arkmed.org/telemedicine).

[Join our COVID-19 Mailing List](#)

Got Questions? Let Us Help.

The Arkansas Medical Society is here to serve our physician members and their medical teams. On our website, we have a place that you can send us questions or share what you're experiencing. Visit [ARKMED.org/covid19](https://www.arkmed.org/covid19) and click on the Got Questions box. We will respond to your question as soon as possible. Thank you for your hard work and together we will make it through this crisis.

For more AMS COVID-19 Resources, visit [ARKMED.org/covid19](https://www.arkmed.org/covid19).

