



Q & A from Practice Survival During COVID-19 Webinar

Q: Is it irresponsible to be treating what would be considered routine care at this time? [0:55:36]

A: No federal or state law, no restrictions telling you that you cannot see non-urgent issues/patients. Number of laws related to facilities and not doing elective surgeries at these facilities. You have to determine by state declaration if you were ordered to close-down your practice.

Q: Can we use pain as reason to see patients? [0:56:52]

A: What we are seeing people do is stop seeing non-urgent patients. They are seeing patients with urgent problems: infections, ulcers, fractures, acute injuries, severe & acute pain. Limiting staff and limiting their exposure to those patients in their offices.

Q: Can this stuff be available on the website to print? [0:57:28]

A: ACFAS does have a resource page. Website: [acfas.org/COVIDresources](https://www.acfas.org/COVIDresources)

Q: Does the Family First Response Act apply to employed associate podiatrist (salary paid)? [0:57:59]

A: Yes, as long as they are a W-2 employee.

Q: Please define payroll. [0:58:23]

A: Anything you would put on an individual's W-2. Payroll that goes to W-2 employees. Does not apply to independent contractors (deemed to have their own business and they receive a 10-99).

Q: I'm an S Corp and receive a paycheck as an employee but make more than 100k. Is there a way around the payroll loan? [0:59:17]

A: All payroll can be part of the Paycheck Protection Program (PPP). No limits (may have to wait until Friday) that are placed on the payroll that existed prior to the medical crisis.

Q: If you employ podiatrists and you closed your practice during this crisis. Can you use the Care Act to pay those podiatrists their average salary and can it be forgiven? [1:00:11]

A: Yes, that's the purpose of the program is to have the payroll continuation, with the assumption they continue to be your employees during that period of time, and you have not terminated them or downsized your staff to the point you have discharged them. You're carrying them as employees even if they're not working, they're furloughed that can be part of the payroll calculation that would apply to the loan and to the forgiveness.

Q: Is the interest rate fixed on these loans? [1:00:56]

A: Yes.

Q: Does this mean we don't have to repay the "10k advance not subject to repayment"? [1:01:09]

A: Yes, that is correct, if you do take advantage of and you should, it does not need to be repaid.



Q: The EID Loans do not need to be paid back? [1:01:27]

A: No, those loans do need to be paid back. The Economic Injury Disaster Loans (EIDL) existed prior to or outside of the Cares Act and those loans are required to be paid back. They have a 30-year term.

Q: On the PPP, when does the 8 weeks of time where we can use money qualify for cost begin? When we get the loan? Is there a certain date range? I've heard from use between 2/15 and 6/30. Confused what this 8-week requirement is and how it relates to how money from the program can be spent. [1:02:10]

A: (We'll have to wait until Friday for certain) Effective March 1. 8-weeks from March the 1.

Q: If you already have an existing SBA loan that has had a loan modification within the past several months. Does that disqualify you from getting you either the Stimulus money or the SBA Disaster Loan? [1:02:40]

A: It does not disqualify you so you can still participate.

Q: Can the PPP and the Employee Tax Credit be utilized together? [1:02:59]

A: No

Q: Can I apply for both the COVID-19 EID Loan Program through the SBA, and the Paycheck Protection Program through the SBA? [1:03:13]

A: Yes, you can.

Q: Can you take advantage of the Employee Retention and the other loan forgiveness? [1:03:25]

A: The loans - yes. You just can't simultaneously seek the loan forgiveness for that 8 weeks and take advantage of the Employee Retention Credit the 50 percent. You can't do both of those.

Q: Under Employee Retention Credit – our receipts are delayed by 30-45 days waiting for insurance payments at times. How is that looked at in regard to this credit? [1:03:48]

A: The credit is looked at with respect to the compensation that you're paying. The payroll you paid during that quarter it's not tied to the receipts. I understand the question now, with respect to showing there's a 50 percent loss of gross revenue. You'll be looking at the actual revenue that's coming in quarter by quarter. Regardless of when you bill it. You'll look at the first quarter of 2019 and you'll compare that with the cash receipts in the first quarter of 2020 and try to determine if there was a 50 percent reduction quarter by quarter.

Q: EIDs, Employee Retention Credit and PPP appear to offer similar/overlapping aid. Are we permitted to apply for all of them? If not, how do you decide on one over another? [1:04:57]

A: Depending on the size of your organization, a better opportunity is under the PPP. This is the program specifically tailored because of the COVID-19 pandemic. That's the one to target first to get the 8 weeks of loan forgiveness as oppose to taking the tax credit. Talk with your tax accountant. Cash in the door is better than waiting for a tax credit which will off set your 2020 taxes payable in 2021.



Q: Is 1135 Medicare waiver or Medicaid? The slide said Medicaid but we say Medicare? [1:06:05]

A: The Dept. of Health and Human Resources speaks on behalf of both but Federal dollars do get into the Medicaid program but the state also has equal power to speak as to how the money is spent so when it's declared by the federal government it applies to Medicaid for so long as the state permits those waivers to apply to their state specific Medicaid program. It does apply but you also have to get the direction from the state regarding their use of their Medicaid dollars.

Q: With regards to the PPP Loans, can we still get loan forgiveness if we have employees already out on unemployment and we bring them back on payroll? And Employment Retention Credit, can we get the credit if employees are on unemployment and we bring them back on the payroll? [1:06:52]

A: Look at the application on Friday for the scope and nature, but they would have to be on your payroll you have to bring them back onto your payroll so you will have to do an evaluation with your employees. There's a kick that comes through unemployment, that's dependent upon your state how they are treating the unemployment payments, which would be better for your employees, but they have to be on your payroll in order to take advantage of the loan forgiveness. The government's not going to make a loan to if you're not going to be paying with the proceeds of the loan.

Q: I offer my full and part time staff the option to choose to not work if concerned about any risk of contracting the disease at work with no risk of losing their job. Several chose that option. Do they still qualify for paid leave entitlements? [1:08:08]

A: Yes, because they're leaving because of the current virus.

Q: Regarding temporary income in the first or second quarters, my practice continues to collect fees from services provided until end of February but will see a large drop in the coming months. How will that impact loan forgiveness for the 8-week period? [1:08:36]

A: You're going to take a look at the entire calendar year 2020. First quarter – fine, second quarter – may not have reached that 50 percent threshold but because your collections are coming in primarily in the third quarter for services that would've been rendered in the second quarter, then that 50 percent would occur in the third quarter. So, you'll be looking at quarter by quarter for the entire calendar year 2020.

Q: What exactly is the criteria for the loan that can become a grant in order for the loan to become forgiven? [1:09:27]

A: They want to make sure you use the proceeds of the loan to pay for the continuation of the wages and payroll for the employees. These loans will be forgiven as long as you use it. I hear the government talk about the ability to go in and monitor the use of the funds that's why your documentation has to be there. That you're using these funds for payroll and not buying capital, equipment, facility, etc. The loans will be forgiven for an 8-week period.

Q: What is the process for claiming the Employee Retention Credit? Is it a schedule filed with 1040 for individual providers? [1:10:19]

A: This will be done through the business form. Whether or not it's done through the K-1 if you are an owner or a past through entity or if you are a 'C' Corporation then it will be done through your 'C' corporation taxes. The Employee Retention Credit, is a tax credit that's taken at the time you're filing your taxes. A drop credit will come off the amount of taxes that you owe for the year.



Q: Does an independent contractor qualify for any of the financial help by the government Care Act? [1:11:01]

A: The independent contractor is a separate entity. So, all that applies here is applicable to an independent contractor as a separate entity. You can't have an Independent contractor expenses go through another healthcare provider that the independent contractor is contracting with because it is a separate entity from the healthcare provider that the independent contractor is contracting with.

Q: Is there a specific matrix on how to calculate what is included in payroll? [1:11:41]

A: It's whatever you are going to put on your employee's W-2, taxable income/ benefits/compensation that is what's considered to be payroll.

Q: I'm not a PICA member. Can I still download the consent form? [1:12:38]

A: Go to: picagroup.com - COVID-19 page, click, second bullet down is the consent form.

Q: With limited physical exam. What E/M codes are you typically using for the Telemedicine visits? [1:13:20]

A: That's dependent. You have a limited exam; you have the visual component of it you can at least comment on some things. Without it, you should document that you were unable to perform a physical exam due to the nature of the telemedicine visit.

Q: What CPT for commercial insurance Telehealth? [1:14:04]

A: I work for a hospital system so I'm putting in the codes that I would typically use I don't know if they will be reimbursed or not because commercial insurances either accepts it or they don't but you'll have to check with your commercial insurance carrier.

Q: Can you provide the web address for the sample SBA Loan that can be printed out? [1:14:30]

A: We will have it on our resource page.

Q: How do we prove/document that the patient is initiating the Telehealth audio-visual visit? [1:14:41]

A: From a malpractice standpoint, documentation in your chart of that is best. If you have a way of recording an audio/visual visit through your EMR, through your portal that can be linked to your chart, that is best of all. Do your best. When disputing malpractice, it's not that you documented well and they disagree, it's that you didn't document at all. Then it's your word against theirs. Make sure your documentation starts out with: *This visit occurred through Telehealth audio-visual on this date, at this time. I confirmed the identity, I'm speaking with: "Joan Smith" by asking something or do it by your practices policy.* Then go into the rest of your visit. Put in EMR, or on schedule 'telehealth visit'.

Q: Do employers have any liability concerns for not being able to provide appropriate PPE to employees? I.E. lack of N95 masks or employers telling employees not to use PPE? [1:17:08]

A: First, you always have a duty to utilize the Universal Precautions notwithstanding this particular crisis. Secondly, both OSHA and the CDC provide guidance on infection control basics. I don't know of anything now that requires a podiatrist in treating their patients to provide masks and PPE for an employee to work in a podiatrist office. I'm sure we'll see lawsuits about it later.



Q: Is it appropriate, with the expanded scope of practice, for a DPM to prescribe hydrochloroquine prophylactically during the COVID? [1:18:19]

A: This question assumes your state has issued a law or your governor has issued an executive order allowing podiatrist to practice outside of the scope. There's an assumption there that has to be met. Ask: What are our limits of treating patients? Are we really the appropriate people to be treating a COVID infection or prophylactically trying to treat someone to prevent them from getting COVID? Especially related to this particular drug there's no particular date whether it does or doesn't treats this particular infection. First, you have permission through an executive order to do this. Secondly, unless your extremely well versed in this, I wouldn't do this. We're not the primary treaters of respiratory disease secondary to COVID.

Q: Any reports of actual reimbursement by CMS for a Telehealth 99213? [1:20:34]

A: I have not seen anything in my hospital system as of yet, but we just started doing Telehealth two weeks ago.

Q: Suppose I want to start solely seeing patients on Telehealth as a solo practice. State limitations? [1:20:56]

A: In addition to federal laws, your state laws apply. You still have to understand what those state laws are. To be reimbursed, waivers in being able to be paid for Telehealth visits for the CMS / Medicare / Medicaid systems but you still have to check with your commercial carriers as to whether or not they'll reimburse you for those visits. Lastly, you need to check with your malpractice carrier. Patients are still responsible for their co-pay.

Q: Has the standard of care changed as to what needs surgery? I had a displaced fracture that the hospital would not allow me to perform the surgery. I brought the patient to another hospital, but if things get worse and we can't get to the OR, how should we document? [1:22:13]

A: It depends on your hospital policy. On whether you can do surgery or not. Document just as you said, I approached several hospitals about the urgency in fixing this fracture but due to the COVID they would not allow me to do so. If you're being denied a place to go by state emergency ordered issue, states have put out guidelines, you need to abide and check with your carrier on how to document. Given this crisis it's changing your ability to provide that standard of care.

Q: Is it appropriate for a podiatrist to perform the fast COVID lab tests that don't require lab use, but can be read in the office? [1:23:53]

A: If it's permissible under your state practice act, then its permissible. Ask again why you are doing this? Your state practice act, waivers and state laws will dictate that.

Q: If we rent space in a hospital-based outpatient facility, should we request a possible waiver for rent and if so, for how long? Would this be money that is permanently waived or paid back later?

A: It is definitely reasonable to reach out and request a waiver for rent. The length could be written as "for the duration of the local COVID-19 crisis." The terms will be up to the hospital and you.



Q: We have an office in New York City, which is closed, and an office in Long Island, which is also closed except for severe emergencies. CIOX keeps calling requesting charts. How can we stop these requests?

A: Reach out to the company to inform them the office is closed, and you have no access to charts at this time.

Q: The virus is so widespread, how can an employee state that they got it in your office?

A: There is no way to “prove” it is contracted at your office. If you have a patient who was seen that is positive for COVID-19 sometimes the assumption is that is the contact.

Q: If you are actively seeing a patient for a condition that is episodic and but not essential, is there a consequence for delaying treatment based on safety in our area during the pandemic? We are in a professional building with several primary care patients on our floor who are potentially seeing COVID patients.

A: Consider telehealth or audio visits. If it is non-essential and not seeing them would not harm them. It is okay to document appts cancelled due to risk of COVID-19 and just be available if that condition becomes urgent.

Q: If you are a hospital employed physician can you be forced to take earned time off during this time if your practice slows?

A: This probably depends on your contract and the hospital.

Q: Is the G2012 code a separate billable code from the office visit codes? Slightly confused as to what the virtual check-in is exactly.

A: You can only bill one of these codes. The virtual check in is usually done via E-chart with secure communication.

Q: How do you get established patient to sign form if not coming into office?

A: You can either secure send it via email or mail it. Most practices are taking and documenting verbal consent.

Q: Can we bill telehealth and document by time given some limitations?

A: You can document by time as long as you clearly state how the time was spent.

Q: What platforms are you using for the telehealth visits?

A: Some EMRs have a platform- reach out to your EMR vendor. We are using Qliqsoft.