November 4, 2020

The MMS will continue to monitor developments related to the coronavirus (COVID-19) and the response by state and federal agencies. For current information, including updates from NEJM, visit the dedicated page on the MMS website: massmed.org/covid-19.

Public Health

COVID-19 vaccine development: What physicians need to know

Hosted by American Medical Association (AMA) physician leaders, the second episode of this new webinar series provides a comprehensive overview of the Centers for Disease Control and Prevention’s (CDC) role in vaccine review and the immunization program.

Also, the first episode posted on October 8 is available: FDA review process for vaccine candidates.

Practice Management

Deadline approaching for Provider Relief Fund applications

Providers have until Friday, November 6, 2020 to initiate their application for Phase 3 General Distribution funding. Apply here.
The U.S. Department of Health and Human Services (HHS) is distributing up to $20 billion to health care providers under a Phase 3 General Distribution through the Provider Relief Fund (PRF). Applications will be considered regardless of whether an organization was previously eligible for, applied for, received, accepted, or rejected prior PRF payments. For this new phase, funding will be allocated to providers based on assessed financial losses and changes in operating expenses caused by COVID-19. To learn more:

- Review the Phase 3 General Distribution [fact sheet](#)
- Visit the Provider Relief Fund [webpage](#)
- Watch a recording of the [October 15 webcast](#)
- Read through the Provider Relief Fund [Frequently Asked Questions](#)

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**COVID-19 patient counseling**

The Centers for Medicare and Medicaid Services (CMS) released additional FAQ on why payment is being made available for health care providers to counsel patients about isolation/quarantine at the time of COVID-19 testing.

- [Provider Q&A](#)
- 3 key steps to take while waiting for your COVID-19 test result
- Provider counseling checklist
- Provider talking points

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**Frequently Asked Questions to assist Medicare providers**

The Centers for Medicare and Medicaid Services (CMS) released new FAQ on COVID-19-related waivers to help physicians, hospitals, and rural health clinics. The document includes information about:

- Payment for specimen collection for purposes of COVID-19 testing
- High throughput COVID-19 testing
Aetna telehealth update

Aetna will continue to pay in parity for a face-to-face visit versus a telemedicine visit. In-or out-of-network benefit levels will apply, depending on the provider’s network participation status.

Asynchronous telemedicine services such as email, fax, text, and store and forward will not be covered unless state-mandated—including in a custom plan sponsor exception—or is a Medicare-covered remote evaluation provided to Medicare members.

Please note: For telephone only codes 98966-98968, G2010, and G2012, there are reimbursement rates in the fee schedule that are not the same as Evaluation and Management (E&M) coding office visits 99201 - 99215. They are telephone-only visits and do not equate to an office visit, and as such will not equate to an office visit reimbursement rate.

COVID-19 Medicare Part B advanced payment, repayment and recoupment process

The Centers for Medicare and Medicaid Services (CMS) expanded the accelerated and advance payment program for financial hardship relief during the COVID-19 public health emergency. Accelerated or advanced payments need to be repaid to the Medicare Trust Fund. If you requested and received accelerated or advanced payments from Medicare due to the COVID-19 public health emergency, this open forum is for you. During this session, your questions will be answered by subject matter experts.
Date: November 10, 2020
Time: 10:00 a.m ET - 11:00 a.m ET
Register

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