Testing: Updated March 15th

- **Recommendation** to collect and test a single upper respiratory nasopharyngeal swab (NP). U.S. CDC is now recommending collecting a single nasopharyngeal (NP) swab in viral transport media. Throat (OP) swabs are no longer required. If both swabs are used, they should be combined at collection into a single vial.
- FDA has expanded options for specimen transport media.
- The Maine Health and Environmental Testing Laboratory (HETL) will no longer be running a respiratory viral panel with all submitted COVID-19 specimens.
- Providers no longer need to call Maine CDC for authorization prior to submitting a sample to Maine’s Health and Environmental Testing Laboratory (HETL). The Coronavirus submission form is required and may be used for prioritization if it becomes necessary. Samples on asymptomatic individuals will not be tested at this time.
- Maine CDC on-site lab no longer requires confirmation at US CDC lab. Maine CDC lab does confirm all presumptive positive test performed at private labs.
- If influenza or respiratory viral testing is requested at HETL please submit a second NP swab in its own viral transport media.
- There is no cost for COVID-19 testing at HETL. There may be costs associated with collection and transport of samples that will not be covered by Maine CDC, and normal charges apply to the Respiratory Viral Panel when performed at HETL.

How to Test (Instructions provided by Maine State Board of Nursing - Updated March 13th)

**PPE:** Mask, gown, and gloves (patient should be wearing a mask)

**NP Swab Collection:**
- Have patient lower mask to reveal nose, keeping mouth covered by mask.
- Open swab. Do not touch the tip.
- Tilt patient’s head back 70 degrees.
- Gently insert NP swab into nostril until posterior nasopharynx is reached.
- Rotate swab several times, keeping swab in contact with nasopharyngeal wall.
- Have patient replace mask.
- Place NP swab into viral transport media and snap off swab handle at line to fit into vial. Screw on cap securely.
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SCREENING GUIDANCE - Updated March 9th

Providers may test any patient suspected to have COVID-19 based on presenting symptoms and history, irrespective of travel. According to CDC guidance, asymptomatic patients should not be tested. The Maine CDC lab in Augusta is now processing COVID-19 tests on-site. For questions about testing call Maine CDC (1-800 821-5821) 24/7.

Guidelines for Conservation of PPE - Updated March 10th

PPE recommendations for the care of patients with known or suspected COVID-19:

1. Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
   - Facemasks protect the wearer from splashes and sprays.
   - Respirators, which filter inspired air, offer respiratory protection.

2. When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.

3. Eye protection, gown, and gloves continue to be recommended.
   - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

WHAT’S NEW

What’s new from the US CDC:

HAN 430: The Centers for Disease Control and Prevention (CDC) recommends all persons defer any travel on cruise ships, including river cruises, worldwide because of the increased risk of SARS-CoV-2 transmission onboard ships.

Get Your Mass Gatherings or Large Community Events Ready Sunday, March 15, 2020
Testing for COVID-19 - Saturday, March 14, 2020
Symptoms & Testing - Saturday, March 14, 2020
Protect your home - Saturday, March 14, 2020
If You Are Sick - Saturday, March 14, 2020
Caring for Someone Who Is Sick - Saturday, March 14, 2020
Cases & Latest Updates - Saturday, March 14, 2020
Protect Your Family - Saturday, March 14, 2020
How to Prepare - Saturday, March 14, 2020
COVID-19 Weekly Compendium #2

What’s new from the US CDC (cont.):

Schools & Childcare: Guidance for School Settings - Thursday, March 12, 2020
Testing in the U.S. - Thursday, March 12, 2020
Water Transmission and COVID-19 - Wednesday, March 11, 2020
Steps to Prevent Illness - Wednesday, March 11, 2020
Frequently Asked Questions on COVID-19 Testing at Laboratories - Tuesday, March 10, 2020
Interim Guidance for Outpatient Hemodialysis Facilities - Tuesday, March 10, 2020

What’s new from Maine CDC:

Maine CDC Announces More COVID-19 Results
Maine CDC Reports Additional COVID-19 Results
Preliminary Testing Indicates Two New Presumptive Positive COVID-19 Cases in Maine
Governor Mills, Maine CDC Announce First Presumptive Positive Case and Additional Steps to Respond to COVID-19
211 now available to answer general questions about COVID-19
Maine CDC Lab Testing for COVID-19
Maine to Begin Testing for COVID-19 at State Lab
Maine continues to prepare for coronavirus

What’s new from CMS:

The COVID-19 FAQs for EHB.
COVID-19: President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak
CMS Coronavirus Partner Virtual Toolkit

Billing and Coding Guidance:

For Medicare claims use Code 87635
For MaineCare claims use Code U0002
No rates are available at this time.


AGENCY: Department of Health and Human Services, Office of MaineCare Services
CHAPTER NUMBER AND TITLE: 10-144 C.M.R. - Chapter 101, MaineCare Benefits Manual Ch. I, Section 4, Telehealth Services
ADOPTED RULE NUMBER - CONCISE SUMMARY: This emergency rulemaking will remove the MaineCare Benefits Manual (MBM), Chapter I, Section 4, Telehealth Services blanket prohibition against providers utilizing telehealth to deliver services under the MBM, Chapter II, Section 80, Pharmacy Services. Pursuant to 5 M.R.S. Section 8054, the Department has determined that immediate adoption of this rule is necessary to avoid a potentially severe and
immediate threat to public health, safety or general welfare. The Department’s findings of emergency are set forth in detail in the Emergency Basis Statement. Maine is facing a substantial public health threat posed by the global spread of the 2019 Novel Coronavirus (COVID-19). On March 11, 2020, the World Health Organization declared COVID-19 a worldwide pandemic. As a preemptive action by the Department, Pharmacy Services will be available via telehealth when medically necessary and appropriate.

This emergency rule change will take effect upon adoption and will be in effect for 90 days (5 M.R.S. § 8054). The Department is concurrently engaging in the routine technical rulemaking process for Section 4 to prevent a lapse in the rule and added services. **EFFECTIVE DATE:** March 16, 2020

**Telehealth Resources for Providers**

The significant majority of medically necessary MaineCare-covered service may be delivered via Interactive Telehealth Services if the following requirements are met:

1. The member is otherwise eligible for the covered service, as described in the appropriate section of the MaineCare Benefits Manual; and,
2. The covered service delivered by Interactive Telehealth Services is of comparable quality to what it would be if it were delivered in person.

**MaineCare Guidance Relating to Telehealth and COVID-19:** [https://content.govdelivery.com/accounts/MEHHS/bulletins/2818447](https://content.govdelivery.com/accounts/MEHHS/bulletins/2818447)

Providers who need assistance with implementing and/or have general billing questions regarding telehealth services are encouraged to contact the Northeast Telehealth Resource Center (NETRC) by email: netrc@mcdph.org or 1-800-379-2021. Specific questions can also be submitted to NETRC at: [https://www.netrc.org/contact.php](https://www.netrc.org/contact.php). Many other helpful telehealth resources are available on NETRC’s website including NETRC’s Telehealth Toolkit for COVID-19.

**ZOOM Info on HIPAA BAA/ Compliance for Telehealth/eConsult**

More on Zoom's HIPAA compliance can be found [here](https://www.zoom.com/hpaa-information). For information on how to have a BAA signed with Zoom, please contact our Sales. Once a BAA is signed with Zoom, the following will be enacted on your Zoom account.

**Features Enabled**

1. The setting **Require Encryption for 3rd Party Endpoints (H323/SIP)** will be enabled for all members of your account.
2. **Cloud Recording** will be disabled.
3. Remove device/user information in logging and reporting.
4. **Encrypted Chat** will be enabled. Please note if chat has been disabled, please submit a request to have it enabled.

**Encrypted Chat Features**

1. Text messages will be encrypted.
2. Offline messages will only be available after all parties initiate a key exchange.
3. Disable screen capture.
4. Disable sending images.
COVID-19 Weekly Compendium #2

What's new from HRSA:

TEMPORARY SITES, SCOPE, AND FTCA (added 03/16/2020)

The question below is based on NACHC’s understanding of the following BPHC documents:

- FTCA Manual, Section F, “FTCA Coverage When Responding to Emergency Events”
- PAL 2014-15, “Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events”
- PIN 2008-01, “Defining Scope of Project and Policy for Requesting Changes”

Our health center wants to provide COVID-19 care in patients’ homes and cars. Can services provided in these locations be covered under FTCA?

Yes, provided that certain requirements are met. In emergency situations such as the COVID-19 outbreak, FTCA coverage can be extended to cover services provided at temporary locations. Section F.2.1. of BPHC’s FTCA Manual defines a temporary location as “any place that provides shelter to... victims of an emergency”, including locations where “medical care is provided as part of a coordinated effort to provide a temporary medical infrastructure.”

NACHC interprets this definition as incorporating services (such as mouth swabs for COVID-19 testing) provided to patients who remain in their cars, regardless of whether the cars are located on health center property, or are located at “drive-in” testing sites elsewhere, as such sites would be “part of a coordinated effort to provide a temporary medical infrastructure.”

Regarding care for patients in their homes, health centers are currently permitted to include such services in scope. Specifically, “home visits” may be listed as an “Other Activity/ Location” on Form 5C. Section B(1)(g) of PIN 2008-01 states that:

“If it is the policy of the grantee that providers occasionally make home visits to health center patients, the grantee should list the activity as “home visits,” the location as “patients’ homes” and the frequency as appropriate (e.g., as required for patient care, five times per month).”

HIT-Related Recommendations

No changes since Volume 1.

MPCA Contact Information:

Christopher Pezzullo, DO  Clinical Director  cpezzullo@mepca.org  (207) 707-4545
Sarah Morrill, RN, BSN  Quality Improvement  smorrill@mepca.org  (207) 707-4538
Greg Parent  Program Manager  gparent@mepca.org  (207) 707-4537