



HCA E&R Home Care Clinician Training for COVID-19 Testing Testing Initiative Launch Webinar (May 28, 2020) Post-Webinar Questions and Answers (Q&As)

On May 28, 2020, HCA E&R held a launch webinar introducing home care and hospice providers and clinicians to our initiative on *Home Care Clinician Training for COVID-19 Testing*. This initiative is generously supported by a grant from the Mother Cabrini Health Foundation. The launch webinar was distinct from the actual course that clinicians can take on-demand to get trained on COVID-19 specimen collection. During the launch webinar, and subsequently, HCA E&R fielded several important questions from providers and clinicians for which we have since developed answers in these Q&As. For further information or questions, please contact covid19@hcanys.org.

I. Questions about the Training

- 1. Is this training to equip our clinicians to test? Is there an advantage to signing up for this program if we have already done this with our staff?**

Yes. This training covers protocols for COVID-19 specimen collection, including preparation of the agency, clinician and patient; donning and doffing of personal protective equipment (PPE) used in the home; specimen collection procedures; specimen storage and transport; and other necessary information consistent with U.S. Centers for Disease Control and Prevention (CDC) and New York State Department of Health guidelines for specimen collection for COVID-19. The information is being provided free of charge through a grant to the Home Care Association of New York State's HCA Education and Research (HCA E&R) charitable organization by the Mother Cabrini Health Foundation.

- 2. When does this training start? How many staff can be trained?**

Training is now available on-demand through the Iroquois Healthcare Association (IHA) and the HealthStream learning platform, which are partners of HCA E&R on this initiative. The training is uploaded to Healthstream's Learning Management System. You can go to the HCA E&R COVID-19 testing site at <https://hca-nys.org/testing> to sign up today. There is no limit on the number of clinicians from one agency to enroll in the course.

3. **Is there a replay available of the introductory webinar?**

An archive of the webinar can be accessed at:

<https://register.gotowebinar.com/recording/8305285732433090831>

4. **Who can take the training?**

This sponsored training is being made available for all home care and hospice agency clinicians in New York State through HCA E&R. These clinicians include RNs, LPs, and Respiratory Therapists.

5. **Can therapists be trained? Can PT staff be trained as well?**

Yes, PTs can be trained to obtain specimens. Please refer to the response as to who can do the actual testing.

6. **Can home care clerical staff also take the training and perhaps transition into a community health worker tester role?**

This training has been developed for clinicians providing services in a home care setting. The training of non-clinicians using this training module may not be appropriate without additional training specifically designed for the non-clinician. Please refer to the response as to who can do the actual testing.

7. **How long will the training be available?**

The training funded by HCA E&R through the Mother Cabrini Health Foundation grant will be available on the Healthstream library until June 30, 2020; an extension of this grant-funded training beyond this date is being explored by HCA E&R with the Mother Cabrini Health Foundation.

8. **Can we sign up a few staff and then later sign up more staff or must we register all staff at once?**

Staff can be signed up and access the webinar at different times. Yes, you can submit a few staff at a time. **But please note the current time-limited date for grant-supported training that is at no charge to agencies.**

9. **Is the testing covered in the training just for nasal pharyngeal? Or is lower nasal testing also covered?**

Three types of specimen collection are covered in the training webinar.

10. I'm an RN registered with a few agencies. Is there any conflict with multiple agency registration?

You should only take the course once. You will be issued a certificate of completion which can be shared with multiple agencies.

11. We are a very small LHCSA run by a nonprofit foundation. We do not bill for visits and make home visits for patients who do not qualify for Medicare CHHA services. Are we eligible for this training?

You are eligible to take the training. Billing for services will have to be made by arrangement with payors that you have relationships with.

12. Can you explain the sequence for PPE Donning and Doffing Sequence in the Training? It seems different from the CDC PPE Donning and Doffing that has been provided to our nurses.

The order of donning PPE is consistent with CDC Guidance. The sequence order is the following: gown, mask, goggles/face shield, then gloves. This sequence was demonstrated in the training and the accompanying video; however, an explanation was provided that if the nurse is unable to don all required PPE prior to entering home, then the N95 face mask should be put on before entering the residence.

13. I am an administrator. Am I able to take the training myself? I am not a clinician.

The training funded under the Mother Cabrini Foundation grant is specified for clinicians.

14. Can administration receive a copy of the test training PowerPoint?

The training webinar is made available for all home care and hospice agencies on the IHA HealthStream Learning Management System. You must register to obtain access to the training session.

II. Specimen Collection Questions

15. Are MD orders required for each test?

For governmental payors (Medicare and Medicaid), physician orders or authorizations are required for testing. A nurse practitioner or physician's assistant may order the

testing. For commercial payors, a physician's order *may* be required. Please check with the individual's insurer to determine the necessary authorizations for the payor.

- 16. Please confirm that the following process is correct and appropriate: We can make home visits to do the COVID-19 testing with a doctor's order and we would then get the supplies from the local hospital lab that is doing testing already, transport the test to the hospital, and the hospital would do the necessary billing? This is the procedure we follow for blood draws.**

Yes, the process would be similar. You should work with the approved labs that do the actual testing to ensure you are following their prescribed protocols for testing and transport.

- 17. Are CLIA waivers required for home health or hospice providers to perform testing of patients?**

Providers would not be performing the testing, but would collect specimens upon medical orders for testing, or if requested by local/state officials to do so. We have been advised that a CLIA waiver is not necessary to obtain the specimen; because providers would not be performing the test – and, instead, simply collecting the specimens – CLIA-waived testing is not applicable.

- 18. Who can do the actual specimen collection?**

With the COVID-19 emergency guidelines, anyone who is trained can perform the specimen collection. However, this is a result of a waiver of scope of practice for therapists and was implemented for the public health emergency. It is expected that this authority will not be permanent.

- RNs and LPNs can obtain a specimen
- Lab technicians with training can obtain a specimen
- Respiratory therapists can obtain a specimen
- Physical therapists do not obtain specimens under normal circumstances since this procedure would not be within their scope of practice. However, if the therapist is trained, they would be permitted to obtain the specimen for the period of the public health emergency.

- 19. Does the patient have to be admitted for service?**

With the exception of current guidelines for securing Medicare home health agency payment for COVID-19 testing, there are no requirements to admit a patient who undergoes testing. (Please also refer to questions about payment and authorization.)

For Medicare payment, however, under current Medicare guidelines for COVID-19, in order for payment to be made under the Medicare **home health benefit**, the beneficiary must be admitted to home health services and must meet all eligibility requirements, including being under the care of a physician and under a home health plan of care. HCA is exploring opportunities for flexibility to enable Medicare coverage for in-home COVID-19 testing by a home health agency as an individual service apart from home health case admission.

Reimbursement under other payors is discussed in the Q&As that follow.

20. What protocols need to be in place for COVID-19 testing?

Specific protocols and procedures to perform the specimen collection are covered in the training.

21. Is the practice of Swabbing Both Nares with the same Swab authorized and recommended by the CDC? (I have seen Swab Testing for COVID-19 in only one Nare.)

CDC Guidance issued on May 22, 2020 indicated that specimens can be collected from both sides using the same swab for nasopharyngeal specimen collection. This is the procedure demonstrated in the training and in the accompanying video. The guidance also indicated that it is not necessary to collect specimens from both sides if the minitip of the swab is saturated with fluid from the first collection. Further, if a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril. The following link may be used for further information: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

22. Do any of the Conditions of Participation (COPs) apply for this visit? i.e. What assessment criteria regulations must be conducted for this visit to meet compliance?

The home health CoPs apply for beneficiaries who are admitted to home health and who are under a home health plan of care.

23. Can LPNs obtain a nasopharyngeal swab?

Yes, LPNs under the supervision of an RN may obtain the swab.

24. Will we be able to test our own patients and/or staff?

Yes, you should be able to test your own staff, including aides, patients and their caregivers if they meet the testing protocols criteria. However, you will have to obtain the appropriate authorizations for reimbursement purposes.

25. Is this only for home health patients, or can a patient's spouse or family members be tested?

You can also obtain specimens for culture from individuals who may be residing with a home care patient and may have been exposed or be a person suspected for COVID-19. You should also be able to perform testing in any other locations where your services may be otherwise provided (e.g., adult care facilities, assisted living, group homes, etc.). Authorizations and physician's orders should be in place.

26. Our local hospital system has several different types of specimen collection requirements depending on which machine they will be running the specimen in. One is just nasal and one is a nasopharyngeal swab. There are different specimen mediums as well. We must pick up the swabs each time prior to performing the COVID-19 testing and that means extra mileage, trips to the lab, etc. We are not allowed to keep the swabs at our office. Is there any accommodation?

This is a procedure of your local hospital system. It may be in effect because of the shortages of testing materials until recently. You should contact your system and discuss alternatives.

Although three specimen collection techniques are presented, the testing specimen collection that will be instructed in depth is the nasopharyngeal culture specimen collection. Arrangements for the swabs and culture medium should be made following your health systems protocols.

III. Lab and Testing Kit Questions

27. How will we get access to the testing kits? Who provides the testing kit and where is it shipped?

Testing kits and supplies for specimen collection should be obtained from the laboratory that will be conducting the test. Make advance arrangements with local labs with which you work for the COVID-19 specimen collections you plan to conduct.

A list of New York State labs approved for COVID-19 testing can be found here:
<https://coronavirus.health.ny.gov/find-test-site-near-you>.

Agencies can first coordinate with their local county on obtaining supplies and where to send samples for testing.

Instructions for transport and where to transport will be provided in the webinar.

28. How do we arrange lab pick-up or transport?

Make advance arrangements, including paperwork, with your local labs. Arrangements for transport of the specimen should follow the protocols established by the laboratory who will be conducting the test.

29. Is the agency responsible for the cost of the testing materials?

Testing materials should be provided by the testing laboratory.

30. Who absorbs the cost of providing the testing service?

Testing is reimbursed by all government payors as well as commercial carriers. (Policies may vary and it is always prudent to check coverage.)

31. Who will be paying for the actual test equipment and lab for results?

Testing should be reimbursed by all governmental payors and commercial insurers when medically indicated.

IV. Reimbursement and Billing Questions

32. Is this a reimbursable service? Can Certified Home Health Agencies (CHHAs) bill Medicare for this as a one-time visit? Can this be accomplished by billing the LUPA rate for Medicare patients? What are the rates for Medicare, Medicaid and commercial?

This service is reimbursable in conjunction with **Medicare** episodic and LUPA payments.

Episodic Payment: For Medicare beneficiaries who are receiving home health services through a CHHA, the collection of the specimen by the CHHA or subcontracted LHCSA home health clinician is considered to be reimbursed under the episodic payment made for that episode.

LUPA Payment: If the beneficiary requires skilled home health services that are provided under the LUPA threshold, the specimen could be collected in conjunction with the visit for LUPA-covered skilled services, which would be paid using the national, standardized per-visit LUPA payment rate based on the discipline providing care. Under current Medicare COVID-19 testing guidelines, CMS does not yet recognize as a reimbursable skilled home health visit a visit solely to obtain a lab specimen; therefore, the visit would not be covered if solely to collect the specimen.

However, HCA is currently exploring the opportunity for Medicare coverage for such home health visits solely for COVID-19 testing. Medicare will now pay for such sole visits by laboratories who may send trained technicians to collect a sample from a homebound beneficiary. In these cases, Medicare will pay a specimen collection fee and travel. The nominal specimen collection fee for COVID-19 testing done by a lab technician for homebound patients is \$23.46.

This service is reimbursable under **Medicaid** as Sole Visit COVID-19 Rates under specified terms in conjunction with episodic payments and Managed Long Term Care (MLTC).

The state Department of Health is in the process of posting its rate and rate code for reimbursing COVID-19 specimen collection by home health agencies. To date, DOH has similarly posted its rate for pharmacies, federally qualified health centers and non-clinic practitioners.

DOH has discussed with HCA E&R the Department's intended home care billing guidelines and will be issuing these as soon as possible. Conceptually, these guidelines are expected to address home care billing for patients who are:

- Currently in home care, with further differentiation based on whether visits are solely for testing or for multiple care tasks.
- Currently not in home care, but a physician (or other authorized practitioner) has ordered an in-home COVID-19 test from a home care agency.
- Currently in MLTC, with further differentiation based on whether visits are solely for testing or for multiple care tasks.

For commercial/private insurance, services may be reimbursed based on plan policies and rates

Reimbursement by private/commercial insurance and commercial health plans may be provided, but it is based on each plan's policy parameters and should be reviewed with the payor prior to performing the service.

V. Other Topical Questions

- 33. Is there a requirement to provide extra COVID-19 testing in our community beyond our current patient roster?**

There are no additional requirements on home care agencies to provide testing for their patients or for their communities.

- 34. What is our agency committing to if we participate in this program? Our staff is already over-committed trying to meet the CHHA needs of our community. Is this in addition to our current census? What volume would we be expected to provide?**

This training is provided free of charge to all home care and hospice agencies across New York State. If a home care agency determines that this service is something they would like to offer internally to their own staff or to the community, they will be equipped to do so. There is no expectation of meeting any volume estimates.

- 35. I registered to participate in the COVID-19 testing for our RNs but do have questions about what will occur after they are all trained and ready. Will our agency be contacted to assist in testing residents in our communities, and if so by whom?**

As hospitals, public health agencies, physicians, public health departments and others learn that home care agency clinicians can conduct specimen collection in-home for COVID-19 testing, they may be reaching out to you. And you may choose to advise these community partners that your agency clinicians are equipped for in-home testing.