



[Visit our COVID-19 Page Here](#)

Dear Member,

Last night, in the wake of new presumptive positive cases of the 2019 novel coronavirus (COVID-19), Governor Janet Mills announced several new significant recommendations to respond to COVID-19 and signed a proclamation of civil emergency to further protect public health. During a press conference, Governor Mills recommended:

- Ending classroom instruction in all public schools as soon as reasonably practical.
- Postponing all non-urgent medical procedures, elective surgeries, and appointments at hospitals and health care providers across the state until further notice.
- Restricting visitors and all non-essential health care personnel to long-term care facilities except for certain compassionate care situations such as end of life until further notice.
- Postponing all events with 50 or more people all gatherings of more than 10 that include individuals who are at higher risk for severe illness, such as seniors, until further notice.

Upcoming National CDC call

There will be a national CDC Call: **Tuesday, March 17 at 2:00 pm ET**

During this call, CDC will focus on current information about COVID-19 as it relates to long term care facilities. Topics will include infection prevention and control guidance, steps facilities should take to prepare, and available resources. To join the call, emergency.cdc.gov/coca/calls/callinfo_031720

Weekly Maine CDC ZOOM meetings

In order to provide accurate and timely information to a wide group of stakeholders, Maine CDC will be hosting a series of recurring briefings on the rapidly evolving COVID-19 situation. Here is the connection information, which will remain the same each week:

Every Monday 1:00 p.m. EST

Limited lines - call in early

<https://zoom.us/j/544261659>

646.558.8656, Meeting ID: 544261659

Highlights from Maine CDC provider call, Monday, March 16, 2020

During today's Maine CDC provider call, Dr. Nirav Shah and Maine CDC officials provided the following updates:

- Given what is known about current Maine cases and family contact, hand hygiene and surface disinfection are KEY for everyone.
- For PPE acquisition and distribution, your local Healthcare Coalitions of Maine are your points of contact to both track and request PPE. PPE forms outlining supply and demand should be returned to them as well. They are:
 - Healthcare Coalition of Northern Maine: Megan Melville, 207-747-9139
 - Healthcare Coalition of Central Maine: Mike Hatch, 207-747-8100
 - Healthcare Coalition of Southern Maine: Allyssa Caron, 207-747-9546
 - Healthcare Coalition of Maine Coordinator and Webmaster: Hannah James, 207-747-9318
- PPE is being distributed in a tiered fashion as follows; this process will be adapted if the situation warrants:
 - Tier 1: Hospitals, ER, ED, EMS, Facilities with outbreaks/cases
 - Tier 2: Outpatient clinics
 - Tier 3: LTC/SNF
 - Tier 4: others
- Now that Maine no longer has to send tests to Atlanta for confirmation, the typical turnaround is 48 hours, much of which is transport time. The test itself only takes a few hours.

- A physician/primary care provider is the only individual who can order a test. If a health care employee has symptoms that rise to the level of testing, they should contact their PCP for guidance on how or whether to get tested. It is advisable for staff members to call their providers *before* going to the office so PCPs can evaluate the need to be tested and prepare for their arrival.
- If a health care employee tests positive for COVID-19, they must self-isolate for 14 days.
- If a long term care resident tests positive for COVID-19, droplet and contact precautions should be initiated prior to testing. Hospitalization is not immediate or mandatory, only if necessary.
- Some private labs are now allowed to perform COVID-19 testing. If you use such a lab, you do not have to report to Maine CDC that the test is being *performed*. The person being tested must isolate per the guidelines until the test comes back. The private lab must report all *positive* test results to the Maine CDC.

Good news for Administrator CEU requirements

Over the weekend, a member asked the question regarding waiver of CEUs during this public health crisis. We asked the Administrators Licensing Board to weigh in and here was the response:

The Board Rules Chapter 8 Section 6: WAIVER OF CEU REQUIREMENT says, *In the event of a prolonged illness or other documented hardship that prevents an Administrator from acquiring the CEU requirement for licensure, a request for a waiver shall be made in writing and submitted to the Board for Action.*

When licensees are renewing, they will be asked if they have met the requirements for continuing education. They will answer "NO" and then have a section where they can explain the reason they did not. If the explanation is because of the cancellation of class due to COVID 19, that would be considered a hardship that prevented them from completing the class. They will also have to list the amount of hours of each class that was cancelled and the amount of hours that were completed during the year.

We also asked if this public health crisis precludes administrators from attending education as a matter of prioritizing responsibilities, will that also be considered a hardship? The answer, *Yes, that would be considered a hardship.*

Surveys are limited

As a reminder, DHHS Licensing is suspending standard surveys. Per CMS guidance, they will focus on complaints, abuse and neglect and infection control only.

Check MHCA's COVID-19 web page

As a reminder, MHCA has a dedicated COVID-19 page on its web site. Please check daily, as we are posting regularly and often. It can be accessed here: <https://www.mehca.org/covid>.

MEDICARE Part A Fee for Service Update from AHCA

The goal of the Section 1812(f) Waiver is to free up as many hospital beds as possible, nationwide.

Therefore, the waiver is nationwide and applies to all hospitals and all SNFs regardless of whether there is COVID present in the hospital or not. So, this is blanket and broad-based.

The parameters that remain in place are:

- Patients **must** continue to meet the criteria for skilled care located in the Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance located at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf> . This criteria must continue to be documented.
- Long-Stay patients may be converted to Part A stays as long-stays as long as there is clinical evidence to support conversion to Part A. I specifically described the scenario of just converting long-stay folks to Part A. The response was – if the patient meets the skilled care criteria noted above, they can be converted to Part A with no hospital stay.

In regard to payment:

- **Timeframe:** The waiver is retroactive to March 1, 2020 and is in place for 60 days with the option for renewal as needed; and
- **Billing:** In terms of claims, to ensure payment and so CMS may track these stays, the "DR" condition code should be used by institutional providers (but not by non-institutional providers such as physicians and other suppliers) in all billing situations related to a declared emergency/disaster. The "DR" condition code is intended for use by providers (but not by physicians and other suppliers) in billing situations related to a declared emergency/disaster.

Stay tuned for additional updates tomorrow.

Nadine L. Grosso
Vice President and Director of Communications
ngrosso@mehca.org