



Visit our COVID-19 Page Here

Dear Member:

Key Points from today's CDC All Provider Call

Maine COVID-19 by the Numbers

- 1462 active cases, 315 health care workers
- 872 recovered
- 200 hospitalized
- 65 deaths

We still have a high number of outbreaks, but long-term care facilities are stabilizing. We are seeing increases at group homes and homeless shelters. The patterns of transmission remain consistent with the nation.

Testing at HETL: The partnership with IDEXX has tripled the state's capacity to test. This is only at the state lab, but there is increased capacity at the private labs as well. All over, the capacity for testing has increased and has greatly expanded the volume but there is no way to estimate that. Suggestion is to connect with your lab partner for more specific information.

PPE Opportunity through MHCABS GPO Partner - Isolation Gowns

Our GPO partner Vizient/Provista has announced that the Encompass Group PPE Program is replenishing its inventory of isolation gowns (MS4145). Members may begin re-ordering again for future availability. Members must be set-up as an Encompass customer to access product by going to VZGowns@encompassgroup.net. A customer set-up form will auto-reply on first contact and will include all required information (existing account information, Vizient contract number and other info needed for set-up). Members should not contact their local Encompass reps. Orders will be direct only, by email at VZGowns@encompassgroup.net. Detailed product and contract information and instructions to access this contract can be found on our web site at [MHCABS GPO Partner Provista/Vizient PPE Opportunity with Encompass Group \(05/11/20\)](#). Please note that this is not a guarantee of product as members are subject to product availability by the supplier. If you have questions or need assistance, please contact Dianne Chicoine, Director of Business & Information Services Email: dchicoine@mehca.org.

Maine Geriatrics Secures Collection Swabs and Transport Systems for Members

MHCA is partnering with Maine Geriatrics to provide the opportunity for facilities to purchase Puritan's UniTranz-RT® specimen collection swab and transport systems for the collection COVID-19 testing samples. The kits ensure the safe transport of clinical

specimens up to 48hrs and are CDC compliant for COVID-19 testing in healthcare settings. The expiration for each swab/specimen system is 1/4/2025.

Each nursing home in Maine can receive 50 swabs/transport kits **at cost** totaling \$53.50/facility. That equals (\$1.07 per swab). These swabs can be stored at room temperature until use. Dr. Jabbar Fazeli of Maine Geriatrics strongly emphasizes the need for facilities to have enough testing swabs in stock to appropriately test residents/staff in an effort to keep COVID-19 out of our buildings! Once the supply has been distributed to SNFs, the remaining supply will be offered to assisted living facilities, and then the remainder donated to the Maine state lab (HETL). **If your facility is corporately owned, please reach out to your home office before ordering directly to avoid duplication.**

MHCA thanks Dr. Fazeli for his efforts to secure these testing devices. There is the option for online payments directly to Maine Geriatrics below. When entering payment information, instead of “patient name” please enter the name of your facility or corporation and COVID-19 swab purchase. To pay for more than one facility just multiple the number of facilities by \$53.50 to determine total cost (i.e. 10 facilities * 53.50 = 535.00)

<https://mainegeriatrics.com/contacts-and-payments#pay-your-co-pay-here!>

You may also pay by check directly to Maine Geriatrics, 22 W Cole Rd #101, Biddeford, ME 04005, Attention: Swabs for Maine Facilities.

NHSN COVID-19 Reporting: Accurately Reporting Staffing & PPE Shortages

NHSN COVID-19 mandated reporting for nursing homes has begun. AHCA recommends accurately reporting the staffing and PPE situation at nursing homes based on normal standards and guidance for PPE and staffing, not conservation guidance. Federal and state governments will use this data to hold nursing homes accountable for care and services provided and to identify who needs additional resources. It is important that the data reported to NHSN gives an accurate picture of staffing and PPE as well as the other areas collected in NHSN.

Given the instructions on NHSN, reporting that you have what you need, tells CMS that you have enough PPE and staff to follow conventional and normal practices, which will likely be used by surveyors when comparing what they find during their surveys. Please use the below guidelines.

Staffing

NHSN asks “Does your organization have a shortage of staff and/or personnel?” Answer YES if any of the following are occurring during the time period of reporting:

- Staffing less than your facility needs or internal policies for staffing ratios prior to COVID or based on increased needs since COVID
- Employing contingency or crisis [strategies](#) for staffing shortage
- Using more agency staff than you used before the pandemic
- Using volunteers for staffing needs more than what you may have used prior to the pandemic
- Using any temporary positions per waiver allowances (such as temporary nurse aide or temporary feeding assistant)

PPE

NHSN asks “Do you have enough for one week?” each for N95 masks, surgical masks, eye protection, gowns, gloves, alcohol-based hand sanitizer. Answer NO if any of the following are occurring during the time period of reporting:

- Employing any conservation [strategies](#) for PPE use; if you are not able to use PPE per conventional transmission-based precautions in place before the pandemic you should answer NO
- Using alternative PPE such as cloth masks or other types of face coverings, clothing or other types of coverings instead of surgical gowns, or glasses for eye protection
- Reusing any single use supply item such as gown or masks
- If additional residents in the next week will need to be placed on precautions, it will compromise your PPE supply

- If additional staff in the next week will need to use PPE when returning to work, it will compromise your PPE supply
- If visitors or contractors in the next week need to visit, it will compromise your PPE supply

As a reminder, nursing homes should keep documentation of their efforts to secure more PPE as well as staffing. You should report to your local and state health departments that you are employing contingency and crisis strategies to conserve PPE and staffing.

CMS to Fix PDPM Variable Per Diem Glitch

SNF PPS Part A claims were not being paid day-1 variable per diem rates when a beneficiary switched from Medicare Advantage (MA) to fee-for-service Medicare Part A during a stay. AHCA reported to CMS that this was inconsistent with current policy. CMS agreed with AHCA and on May 8 published a [change request](#) to the Medicare Administrative Contractors (MACs) to update the claims processing systems retroactive to October 1, 2019. A summary of the changes is posted in this [MLN Matters article](#). Although this is retroactive, the systems changes will not occur until October 5, 2020. Providers should notify billing staff that the MACs will adjust any improperly adjusted SNF PPS claims related to a beneficiary switch from MA to fee-for-service during a stay **ONLY IF BROUGHT TO THEIR ATTENTION**, so that the prior days count is corrected to exclude the MA days.

Thank you for all you do to care for your residents and staff.

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