



OKLAHOMA

State Department of Health

Important Updates from OSDH

April 20, 2020

OSDH LTC COVID-19 Call, Wednesday, April 22, 2020

The Oklahoma State Department of Health, Regulation, Prevention and Preparedness will be hosting a COVID-19 **conference call** on **Wednesday, April 22nd, from 1:00 PM to 2:30 PM.**

The conference call will include information and discussion of the Novel Coronavirus COVID-19 including current guidance, best practices and questions and answer. The conference call is open to Owners, Operators, Administrator and Executive Staff of Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Continuum of Care Facilities, Assisted Living Centers, Residential Care Homes and Adult Day Care Centers.

We have changed our platform to a conference call that will accommodate up to 500 participants.

Wednesday, April 22, 2020
1:00 PM - 2:30 PM

Access Information

USA Toll-Free: 888-363-4735
Access Code: 1177868

OSDH LTC Conference Call Recording and Video Links

On April 15th, we held an in-service for long term care providers in which we highlighted infection control practices and discussed donning and doffing PPE as well as cohorting. We are resending links to all the materials again for your convenience and encourage you to re-listen to the audio recording with your staff and discuss any questions that may arise. Please contact us for clarification regarding any of the information presented.

OSDH: Donning and Doffing PPE and Cohorting Videos

<https://vimeo.com/showcase/7007315>

OSDH: April 15th, 2020: Long-Term Care Provider Webex Audio—COVID-19 Updates

<https://www.ok.gov/health2/documents/COVID-19%20200415.zip>

OSDH: April 15th, 2020: Long-Term Care Provider Webex Slide Deck for Infection Control Assessment and Response for COVID-19 in Long-Term Care

https://www.ok.gov/health2/documents/LTCF%20education_3.pdf

OSDH: April 15th, 2020: Long-Term Care Provider Webex Agenda with Q&A Answers

<https://www.ok.gov/health2/documents/2020-04-15%20LTC%20Covid%20Webinar%20Agenda%20and%20Minutes.pdf>

COVID-19 FAQs:

Q1. Please clarify why is it recommended, or thought to be safer, for an employee to wear the same gown into multiple residents' rooms instead of having one gown per resident that the staff hang inside the door of the resident's room?

A1. When you know residents have the same diagnosis, for example you know you have five positive COVID residents, staff may wear the same gown for all positive COVID resident's care. Providing cluster care follows CDC's guidelines on extended use for gowns and/or coveralls.

Whereas if staff have an assigned gown and has worn it into a COVID positive resident's room, and the employee hangs the gown up in the resident's room prior to leaving, the gown potentially has droplets on it and leaving it inside the room may result in the inside of the gown being touched and contaminated with the COVID virus. When the employee puts the gown back on, the employee cannot be certain their clothing underneath the gown is not contaminated. The staff member then carries that virus out of the room on their clothing into the common areas potentially infecting other staff members and/or residents if this same employee also provides care for negative COVID residents.

The gown is the first PPE item the HCP dons/puts on, so any bacteria the employee touches on the gown may potentially be transferred to the remaining PPE, other surfaces, and the employee's face. Therefore, the gown should be new when donning and using a disposable gown. If using a resident's gown, be sure and don a clean gown each time the gown has to be removed for breaks and resuming resident care. Do not hang a gown/coveralls up to reapply.

CDC's guidelines indicate gowns/coveralls are intended for single use, and the gown/coveralls should be removed and discarded after care has been provided for the LAST COVID resident for the day.

Q2. When a resident returns from the hospital and nursing homes do not know the status of the resident, whether or not COVID positive, how should nursing homes care for these residents?

A2. Residents who return from the hospital and their status is unknown, or they may be suspected of being COVID positive, should be placed in quarantine in a different area of the home, away from other residents. COVID suspect residents, becomes their own population.

HCP caring for these residents should wear all PPE, and discard gown and gloves before leaving the resident's room. Disinfect face shield using an EPA approved disinfectant and carefully place the N95 Respirator in a paper bag, and label the bag with the employees name and number of times reused labeled on the front of the bag. N95 respirators typically should only be reused five times, but refer to the manufacturers recommendations.

FAQs: Nursing Home Reimbursement

Please address questions related to Medicare/Medicaid billing during the emergency declaration period to the appropriate agency:

Medicare: Oklahoma MAC COVID Hotline for Medicare Provider Enrollment Relief and Frequently Asked Questions (FAQs), Novitas Solutions, Inc., at 1-855-247-8428

Hours of Operation Monday - Friday: 8:30 AM – 4:00 PM EST.

Medicaid: OHCA Medicaid Finance Unit at 405-522-7294 or 405-522-7098.

Both agencies have webpages dedicated to provide information for [CMS Coronavirus Waivers and Flexibilities](#) and [OHCA Coronavirus/COVID-19 Web Alerts](#). The [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#) was last updated on 04/15/20.

Q1: How does reimbursement work if we transfer or discharge a resident (either COVID positive or negative) to the care of another facility for cohorting purposes?

A1: There are 3 types of cohort dedicated facilities and 2 options for Medicare reimbursement as described below.

The cohort facility may be dedicated to providing services and agree to accept each specific resident for:

1. Residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19;
2. Residents without symptoms of a respiratory infection or confirmed to not have COVID-19; or
3. Residents without symptoms of a respiratory infection that must be observed for any signs or symptoms of respiratory infection over 14 days.

Transferring Facility Bills Medicare/Medicaid and Reimburses the Receiving Facility

When a LTC resident is transferred to a receiving facility, with provision of services “under arrangement,” the transferring facility need not issue a discharge, and will continue to bill Medicare for services. The transferring facility is responsible for reimbursing the receiving facility for care provided during the emergency declaration. In this case, certain transfer and discharge requirements are waived if the transferring facility obtains written or verbal confirmation the receiving facility agrees to the arrangement. A verbal confirmation must be documented with the date, time and person the receiving facility communicated/confirmed agreement.

Certain transfer and discharge requirements are waived when transferring residents to another facility, such as a COVID-19 isolation and treatment location, with the provision of services “under arrangements,” as described on pages 11 and 12 of the [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#)

Receiving Facility Bills Medicare/Medicaid

If the LTC facility does not intend to provide services under arrangement, the COVID-19 isolation and treatment facility is the responsible entity for Medicare/Medicaid billing purposes. The LTC facility should follow the procedures described in 40.3.4 of the Medicare Claims Processing to submit a discharge bill to Medicare/Medicaid and/or call your Medicare Administrative Contractor (MAC) Novitas at: 1-855-252-8782. The COVID-19 isolation and treatment facility should then bill Medicare/Medicaid appropriately for the type of care it is providing for the beneficiary.

4/16/20 OHCA confirmed Medicare billing instructions above apply to Medicaid billing.

Q2: For facilities accepting Government Resources for Medicare payments, Does Medicare pay health care providers such as hospices, hospitals, and skilled nursing facilities (SNFs) separately for personal protective equipment and supplies necessary to prevent the spread of infectious disease?

A2: Not directly. Medicare payments for health care services include payment for the supplies necessary to appropriately provide the service, including any personal protective equipment and supplies appropriate for the patient's condition and treatment. However, there are not separate payments for those supplies. Additional resources for infection control, such as supplies or staffing assistance, may be made available from other local, state, or federal government agencies.

Revised: 4/10/20

Q3: If a nursing home or ICF/IID has a Medicaid Public Health Emergency (PHE) billing/reimbursement questions, who can I call?

A3: Call the Oklahoma Health Care Authority (OHCA) at:

405-522-7294 OHCA Finance

405-522-7098 OHCA Finance

800-522-0114 Select Option 1 – Denied Claims

800-522-0114 Select Option 3, then Option 1

ICD-10-CM Official Coding Guidelines - Supplement Coding encounters related to COVID-19 Coronavirus Outbreak April 1, 2020 through September 30, 2020

The purpose of this document is to provide [official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus](#) (COVID-19) previously named 2019-nCoV

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the ICD-10-CM Official Guidelines for Coding and Reporting (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available.

https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

New Nursing Homes COVID-19 Transparency Effort

The Centers for Medicare & Medicaid Services (CMS) announced [new regulatory requirements](#) that will require nursing homes to inform residents, their families and representatives of COVID-19 cases in their facilities. In addition, CMS will now require nursing homes to report cases of COVID-19 directly to the Centers for Disease Control and Prevention (CDC). This information must be reported in accordance with existing privacy regulations and statute. This measure augments longstanding requirements for reporting infectious disease to State and local health departments. Finally, CMS will also require nursing homes to fully cooperate with CDC surveillance efforts around COVID-19 spread.

CDC will be providing a reporting tool to nursing homes that will support Federal efforts to collect nationwide data to assist in COVID-19 surveillance and response. This joint effort is a result of the CMS-CDC Work Group on Nursing Home Safety. CMS plans to make the data publicly available.

More details are available in the [Press Release](#) and [Guidance Memo](#).

Other Key Resources:

Telligen's COVID-19 in LTC Office Hours

April 23, 2020

1pm MT | 2pm CT | 3pm ET

Nursing homes are on the front-line in the fight against COVID-19, and Telligen is fielding many questions as nursing home teams work to implement prevention and preparedness guidance. Want answers? Join us for a “Office Hours” sessions for nursing home providers with the Telligen Nursing Home Team. These interactive sessions will provide nursing home personnel and infection preventionists the opportunity to get answers, as well as resources for implementing current CDC guidance. We will also provide an opportunity for participants to share their approaches and learn from one another.

[Register Here](#)

Save The Date! Join our PAC-C! *Post Acute Care Collaborative*

Telligen QI Connect™ is convening a statewide network of hospitals and post-acute care providers to promote: sharing of your most pressing COVID-19 transitions of care challenges, promising practices, tools, and resources. A new subject matter expert will be featured in each session to ensure there is a vast representation of provider types and settings that span the care transitions continuum. Be on the lookout for our next Weekly Digest with more information on the following Post Acute Care Collaboratives:

- Wednesday, April 29, 2020
- Oklahoma PAC Collaborative: 11am-11:45am CT

Do you have MDS or OASIS questions?

Contact the QIES Help Desk at (405) 271-5278

MDShelp@health.ok.gov or OASIShelp@health.ok.gov

Your Oklahoma QIES Help Desk team -

Diane Henry, State RAI Coordinator

Wanda Roberts, State Automation Coordinator

Holly Murphy, RN Consultant

Danita Leyndyke, Administrative Assistant



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Evaluation Service (QIES)

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