

VCHIP CHAMP VDH COVID-19

April 9, 2020 | 12:15-12:45pm Call Questions and Answers*

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Emergency Childcare for Essential Workers

A new CDC guidance for emergency childcare of essential workers have gone out. Vermont has also updated our guidance based on the CDC. This is our second iteration. The first guidance was sent out on March 23.

This is the link to sign up as an essential worker: <https://webportalapp.com/webform/essentialworkers>.

The more we can get a better handle on which essential workers need childcare, the more we will be able to meet the need. Vermont was already doing screening for fever and have been asking if anyone in the home was ill at time of accepting the child for the day. Health screening at drop off will now include eye protection, gloves, and cloth facial covering. We are being careful with the term cloth facial covering so that mask supplies are not being taken from health care workers. The childcare field is also being creative and accommodating in making their own cloth facial coverings. There are concerns about children being cared for by unknown caregivers wearing cloth facial covering. As the final step of mitigation, we are telling childcare providers to use their best judgement when engaging with children.

Additionally, there is strict guidance from CDC about who drops kids off. Vermont has been pushing back on this guidance in terms of equity. In Vermont, we are trying to relax these requirements because there are some single parents who are healthcare workers and can't find an alternate person to do drop-off and pick up. It's better for the same person to do drop-off and pickup and encourage health care workers to find an alternative person, if possible, to do drop-off and pickup.

Kids with respiratory symptoms cannot go to childcare. Based on the MMWR presented yesterday, we need pediatricians to back up this recommendation. The symptoms of kids are not lining up with clinical criteria that can exclude or rule out with COVID-19, so need kids to stay home from childcare if at all sick. Public health nurses are available, to childcare programs and schools providing childcare, to answer health-related childcare questions. Calls can be made to 802-863-7240 from 8:00 – 3:00 pm, M-F and send a message to our mailbox on the weekends.

WIC/SNAP Benefits Follow-up

Breana had quickly engaged with the WIC staff at VDH and organizations at BBF yesterday. The immediate response is that Vermont has requested a waiver that would support a phone transaction for WIC EBT payment. If this is approved, it is likely only the smaller stores and co-ops will be able to manage this transaction. The larger chain stores (like Hannaford, Shaw's, and Price Chopper) do have online ordering in place but are not equipped to handle it. There is a pilot for online ordering for SNAP benefits with EBT that is being wrapped up and the staff at the WIC department is hoping to roll it out more quickly. The WIC program has provided information to all their staff at district offices. At the local level, you should be able to check in and get additional information if needed.

In addition, there are availability of volunteers who are willing to deliver food to families at greater risk. We do have guidance in regards to grocery shopping; trying to limit one family member to do the shopping and

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

limiting the frequency at the stores. We are working through this and may revisit briefly tomorrow. We'll put something on our website.

Lastly, there are a whole set of community links here. Breena mentioned the BBF is holding the outreach and volunteers and working with Hunger Free VT. From the federal side, we are working through some of the standards around WIC and SNAP, but in the meantime, will require community creativity and volunteers to get food to families.

Sharing Practice Strategies – Revisiting Telehealth and Telephone Coverage

Wendy Davis, MD, FAAP, VCHIP

We are hearing concerns around the lack of full coverage for telehealth well child care visits for children under 2 years of age. What has emerged is the confusion and challenges regarding the combination of these visits on what could and could not be covered (i.e. screening by phone and telehealth in advance of face-to-face contact in the parking lot). There may be an updated DVHA guidance coming out this afternoon.

In regards to the Medicaid Retainer payments, we mentioned this yesterday and want to be sure folks have heard and were applying. The AAP national is very interested in this and wanted to see if anyone has applied. There are lots of conversations happening offline.

“We haven’t applied because we find it so vague. What amount is available per practice? Why don’t you know yet if it is a “forgiven” amount or you will “take-back” payments in the future? Is there another way from “taking back” other than from future payments, which is a biller’s nightmare?” (from a practice)

We found the following resources and links to be most helpful:

- <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/aap-guidance-telehealth-payer-policy-in-response-to-covid-19/>
- https://docs.google.com/document/d/15Y3RaKi13rOaT6rm_fbO3TSr7UIOnii-O9DHdLNn9j4/edit
- <https://www.vpqhc.org/statewide-telehealth-work-group>
- <http://vtmd.org/covid-19-resource-page>

Stephanie Winters, Vermont Medical Society (VMS), has been hearing from practices and providers on how they are being creative with getting their patients in, seeing them, treating them, and keeping the patients' immunizations up to date. VMS wants to make sure providers are getting paid while also keeping up the quality of care. In addition, VMS is seeing decreased patient demand which can lead to a decrease in payments and revenue. Both DVHA and BCBS has guidance on ages. We should be advocating with the insurers to remove any age requirements, as long as it's clinically sound and using your own judgment. Guidelines are changing every day and we are trying to keep the links updated. A lot of practices are feeling stretched pretty thin, and we want to make sure we can help in all of those instances. HealthFirst also has information on covering codes for annual wellness visits and we are looking for clarity from DVHA on that.

Questions/Discussion

Q: Abbot rapid test machines – test sensitivity?

A: Wendy Davis, MD, VCHIP: We've heard 60% sensitivity, but we can't verify that, and there are supply limitations to using these machines. It remains unclear at this time if we will be using these.

Q: Please define "respiratory symptoms"! Find me any preschooler without a runny nose!

A: Breena Holmes, MD, VDH: If you, as a clinician know of a child who is in a seasonal allergy space, I think you can absolutely engage in a note writing to reassure a child care provider that a patient in your clinical judgement is having an allergic set of symptoms. I agree that preschoolers do have runny noses. Child care providers have been describing pretty healthy kids because we have been very careful about the way we spread things in the last month and limiting the spread of more common pathogens.

C: Breena Holmes, MD, VDH: BBF is holding outreach and volunteers and working with Hunger Free VT. Pushing feds to shift standards around WIC and SNAP, but in the meantime, will require community volunteers to get food to families. Building Bright Futures regional coordinators want to help you with connecting volunteers to get food to families. We will send you the name and contact info for your local BBF coordinator.

A: Morgan Crossman, Building Bright Futures: <https://buildingbrightfutures.org/about-building-bright-futures/meet-our-team/>

C: Just saw this in the AAP Smart Brief: "Pediatric patients with COVID-19 had similar diagnostic findings as adults, but children, who account for 1% to 5% of diagnosed COVID-19 cases so far, usually had milder disease, fewer severe pneumonia cases and extremely rare fatalities, compared with adults, according to a study in Acta Paediatrica. The findings, based on a review of 45 scientific letters and papers, also showed that children rarely exhibited lymphocytopenia, while elevated inflammatory markers were less common, compared with adults."

Q: Has anyone else heard back regarding a small business loan?

A: I have heard back that our funds are "reserved" for our PPP loan.

A: I know my husband's company did, but not healthcare related. It was for the SB loan.

A: Not sure when we will see them. The bank was trying to figure out paperwork for closing.

A: We did and haven't heard as far as I know.

A: We have not heard anything yet.

A: We have received SBA approval for our PPP loan.

A: My SBA PPP application is in but local banker is swamped with applications.

A: Stephanie Winters, Vermont Medical Society: I know banks are pretty overwhelmed with this process, so it may take a little time!

Q: Indra Lovko MD, Community Health Pediatrics, Rutland: Asked Wendy if she was contacted about a (drafted) letter to Blue Cross from their organization about denying claims for well child visits by telehealth for children under 2 years old.

A: Wendy Davis, MD, VCHIP: I have not seen that, but if you could remind him to send that, that would be great, and I can reach out as well.

A: Stephanie Winters, Vermont Medical Society (swinters@vtmd.org) will follow-up.

A: I've gotten Medicaid denials for wellness visits (over age 3) stating place of service is not appropriate using the guidance from DVHA. Place of service of 2 but all the other regular coding (so no 95 modifier). We've stopped scheduling Medicaid wellness until clarity is obtained (and that's difficult when you sit at 55- 60% of population with this insurance).

A: Why wouldn't you use 95 modifier if doing telehealth?

A: Medicaid said NOT to use 95. They said to use your regular EPSDT codes and modifiers but change place of service from 11 to 2 to signify telehealth.

A: Our biller also stated Medicaid is not covering for any wellness visits.

A: Thanks. We are still doing wcc in office so have not run in to this yet.

A: Breena Holmes, MD, VDH: We will get with DVHA today and figure out the disconnect here. I would appreciate details from clinicians.

A: Stephanie Winters, MD, Vermont Medical Society: I am on a weekly call with DVHA and would love to follow-up with them next Wednesday, so please send all the issues. Thanks Breena! Let me know if I need to follow-up as well.