

## VCHIP CHAMP VDH COVID-19

April 13, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Practice Issues – Telehealth, telephone care coverage**

Thank you to those who have been sending in their questions. We are continuing to communicate with BCBS VT and Medicaid around this issue. We have heard people are receiving confirmation that their Medicaid retainer payments applications were accepted and they will receive the funding. The Medicaid retainer payments were established to support practices and keep you in the program during this crisis and provide some financial assistance. What is not clear is whether this payment will need to be repaid or not. We are working to get more clarification on this.

Over the weekend, Wendy received information from other states, including information from Tennessee on TennCare Medicaid. Their AAP chapter has been advocating and were able to develop some good policies. Wendy will do a crosswalk between Tennessee and Vermont and see if there are any opportunities for improvement.

There have also been questions over the weekend around codes 99391 through 99397. The main issue at the time was denial, but questions have arisen around the language regarding the provision of WCC, including simple exams and other screening procedures. We understand the coding glitch has been updated and fixed. We believe this coding glitch covers telemedicine WCC for Medicaid and they are not parsing out the physical exam piece that you get from the WCC code during COVID for telemedicine check-ups. BCBS VT is different for children under 2 years of age.

We also need a couple of our colleagues to join a quick workgroup and nail this issue down so there can be less confusion. Until we get this nailed down, we do not have a lot of details to share. We will continue to follow this critical topic and will advocate if other changes are needed.

### **Questions/Discussion**

**Q: The AAP Daily Briefing reported today that coronavirus can travel 13 feet. Any comments?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I saw the headline on 13 feet for 13 feet. I tend to think of things in terms of a distribution curve, although most others will not.*

**Q: Is anyone testing recovered patients to assess test performance/ natural history virus shedding, etc.?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: One serologic test has been approved. There are lots of questions regarding this issue, and we are unsure what "immunity" means and how durable that is at this time. There is a lot of interest in recovered patients. The Mayo Clinic is part of an expanded use protocol to use convalescent sera for adults.*

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

**Q: What is your opinion on the South Korea report of recovered patients testing positive again?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: There have been sporadic reports of positive PCR results after recovery and there has also been lots of debate as to if the first test was truly indicative of infection, the second truly indicative of infection or if people can become infected and symptomatic again. That, of course, has implications for serology too. I have not heard much about reactivation. To the best of my knowledge, coronaviruses do not establish latency the way herpes viruses do.*

**Q: Any advice for parents/caregivers who are sick with COVID-like symptoms, but are not sick enough to need the ED, and do not have PCP's?**

*A: Breena Holmes, MD, VDH: We have been told that FQHCs are open and available, especially during this outbreak.*

**Q: Any information about any of the VT insurers covering provider communications with patients with EHR portal messages? How about phone calls with patients from staff RNs, LPNs, MAs?**

*A: Ashley Miller, MD, South Royalton Health Center: We are getting paid for RN teletriage, and our portal communications.*

**Q: I had a family with two households. Mom has COVID-like symptoms and her PCP said she's not sick enough to test. Her two kids were supposed to go to the second home with at risk people. The kids do not have symptoms. I was stuck, so I told her that the kids should stay with her since the second home couldn't quarantine. For me it's not the kids, since they are asymptomatic, but the mom. How do we get the parent tested if we are not the PCP?**

*A: Breena Holmes, MD, VDH: You're a doctor and you could get a parent tested but that would be circuitous...I would prefer the pediatricians don't order testing for the adults. Try to call your colleague and let them know you are in close contact with the health department and this patient would qualify, just FYI.*

**C: I have had kids with symptoms and parents COVID-19 positive, but kids are not tested based on age/degree of symptoms and parent not needing to be hospitalized. In my case, the two parents were positive and 1/2 kids became ill but the child was not tested based on current recommendations. Parents become sick after an encounter with an asymptomatic individual who became ill 48hrs after contact. The parents became sick 48hrs after that and both tested positive. The child became sick within 24hrs of the parent but the child was not tested.**

**Q: Are we going to an epidemiological category for cases like the ones described by other providers on the call, where the kids are 'presumptive positive' without testing?**

*A: Breena Holmes, MD, VDH: It's definitely on the radar, but I need to get clarity around this as I don't know if they are going to address pediatrics. We are going to address is presumptive positives in the absence of a test.*

**Q: VT is reporting positive tests in the county where the test was done, not in the county that the patient lives, correct?**

*A: Breena Holmes, MD, VDH: Yes, that's accurate and not great.*

**Q: Dr. Raszka, would you ever recommend retesting in a few days for patients who have classic symptoms, who were tested in the first few days of illness and tested negative?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: It has to do with where the patient is in the hospital. If the patient had a very high pre-test probability of a positive result and the result was negative, I would keep precautions and retest. We are doing that on the adult service now. We heard on the Adult ID call this AM that many adults do not know about the expanded testing.*

**Q: What about outpatients who are still ill?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I guess it has to do with whether it will change your practice (if it did, that would make sense) or if we are expanding testing (as suggested by Breena, which may come) surveillance may be important.*

**C: A lot of parents are asking for letters for work when their kids are sick (and not tested). I think a lot of pediatric “numbers” may look different if we tested or had a “presumptive positive” category. A lot of parents can’t be home from work unless they have a note reiterating guidelines (so I have a template I use frequently with this information for a letter). These are adults working in grocery stores and workplaces where they are not all masking (yet).**

*R: Kim Aakre, MD, Mt. Ascutney Hospital and Health Center: I think the parents are also asking for permission to stay home when kids are sick. Parents are struggling to find caregivers for their even mildly ill children when they are expected to go to work.*

*R: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Asymptomatic parents are allowed to work. Asymptomatic HCWs can work. Perhaps in this era of universal masking, that should help. Everyone is supposed to be masking. It’s really inappropriate to threaten their jobs.*

*R: Shannon Hogan, DO, Pediatric Primary Care, Burlington: I think a lot of these parents don't have childcare if a kid is sick, so they don't have option to work, and will lose their job without a note.*

*R: Breena Holmes, MD, VDH: The Commissioner commented today on the lack of masking at grocery stores, which is wrong and not good.*