

VCHIP CHAMP VDH COVID-19

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

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Breana Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

VDH Update – Breana Holmes, MD, VDH

These antigen tests/results are not currently reflected in the case counts from the dashboard because they are antigen tests, so they are only considered presumptive, not confirmed. The VDH Public Health lab is providing 300 NP swabs to Manchester Medical Center to obtain specimens for confirmatory testing. The VDH epidemiology team is contacting these individuals to give recommendations on isolation, conduct contact tracing, and provide information regarding VDH-facilitated testing today at Flood Brook School. Patients with previous positive antigen results or who are symptomatic are asked to come at the end of the advertised time to lessen the possibility of exposure to others seeking testing. Testing events are also being held at Grace Cottage Hospital and Southwestern Vermont Health Care for individuals who have symptoms or who were close contacts of cases at least 7 days ago. We have also seen sporadic cases in children at a few summer camps in Chittenden County. Contact tracing is occurring today. The children and counselors are not getting COVID-19 at camps. They are bringing it to the camps.

Practice Issues: OneCare Vermont in the Context of COVID, Norm Ward, MD, OneCare

In 2020, our attribution numbers for Vermont Medicaid are around 114,000 individuals, 48% of whom are in the 0-18 age group. So, about half of our Medicaid patients are in the pediatric age range. There is an additional cohort of about 28,000 Medicaid patients who have sort of escaped the claims-based attribution methodology. Our Blue Cross Blue Shield qualified health plan is approximately 20,000 individuals, 14% of whom are in the pediatric age range. In cooperation with the Department of Vermont Health Access (DVHA) we intend to try to reach out to those individuals to bring them into primary care relationships. In fact, there is a \$100 payment for individuals who are in the so-called expanded attribution group, which is payable when they have a qualifying visit at one of our primary care offices.

Much of the work of OneCare throughout the pandemic this spring has been responding to the total upheaval in the medical system by trying to modify our contractual obligations with Medicare, Medicaid and Blue Cross Blue Shield of Vermont. In addition, our quality measures that help to determine our financial risk will still be reported, but the financial outcomes will not be tied to performance measures this year due to the COVID-19 environment. OneCare has been paying a \$3.25 per member per month fee to attributing practices. There has been a change in that process, which involves putting about \$1.50 of that into a withhold pool. The payments would be \$1.75 per member per month with \$1.50 being held and linked to the overall financial performance of the hospital service area (HSA) where the practices are located. The new feature of the program is an additional \$1.50 bringing the per month payment to \$4.75 to allow the attributing practices to participate in the upside benefits of those patients' financial performance within the HSA. So, the goal is to look at mutual accountability for our financial performance but also to enhance closer cooperation between all of the members of the network.

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

One of the longstanding features of the Medicaid contract is the waiving of prior authorization requirements. There are some exceptions that require prior authorization, including chiropractic services for individuals less than 12 years of age, inpatient admissions to the Brattleboro Retreat, out-of-network out-of-state services, physician administered drugs and gender reassignment surgery.

We wanted to also mention that there have been modifications to our complex care coordination program. Until July 1st and in previous years we had been paying what we would call capacity payments to practices for engaging in complex care coordination. As of the 1st of July, lead care coordinators are entitled to \$80.00 per member per month, other members of the care team are entitled to \$60.00 per member per month and the organizer of a care conference is paid \$300 per member per year and any conference attendee is entitled to \$150 for attending that complex care conference. We will be auditing the use of this program and requiring documentation in the Care Navigator program. The good news for 2020 is that the pediatric population, which had previously been evaluated against adults in terms of risk categories, will now be filtered and cohorted with other pediatric patients. So, 15% of the high and very high-risk patients will be entirely from the pediatric population. We also plan to continue the comprehensive payment reform program in 2021, given its success this spring. I also wanted to put a plug in for Vermont Health Learn, which is a cooperative effort between the Vermont Department of Health OneCare, Vermont Blueprint for Health and others, which can serve as a very useful platform for educational content. I wanted to pledge that as we you know think about perhaps a COVID-19 vaccine when and if that happens that obviously OneCare pledges its cooperation with you all in terms of trying to effectively and efficiently reach the pediatric population of the state when a COVID-19 vaccine is developed. The other program that OneCare has been involved with is DULCE, which is likely to continue in 2021.

OneCare has also been working with the Vermont Program for Quality in Health Care (VPQHC), Bi-State Primary Care Association and payers to advocate for fair reimbursement for telemedicine and audio-only interactions. We realize the quality of interactions such as well childcare is certainly optimal in face-to-face type visits. However, with the expectation of the possibility of the second surge in cases, we want to be sure we are as ready as possible to meet the needs of children and families with telemedicine. I wanted to also remind you all that the Algorex risk score, which is claims-based and commercially available data, which can help to formulate a social determinant risk score, is available in Care Navigator. This is helpful to risk adjust and guide engagement for patients who may not have been administered standardized social determinant screenings with scoring algorithms.

Questions/Discussion

Q: We are telling families of children who have been near, but not in close contact with, a positive case that the Health Department will get in touch with them if they need testing. That is for asymptomatic kids who have had camp or daycare with a potential contact.

A: Breena Holmes, MD, VDH: The contact tracing is, if you're not being contacted by the Health Department, you're not at risk, you don't need to be doing anything differently, you do not have to be tested and you don't have to be quarantined. The close contact assessment is very strong, and you really have to be within 6ft of people for more than 15 minutes. They're very specific about that. Anyone can be tested through the health care system. You're welcome to order tests for those who've had some contact. But the close contact kids are the ones the Health Department is calling.

Q: What is the summary around antigen testing needing to be confirmed with PCR?

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A: Wendy Davis, MD, VCHIP: Antigen tests have lower sensitivity, so VDH is asking for confirmation. VDH and PH labs are assisting with the f/u testing.

Q: Will VDH determine timing of testing for close contacts to a case for people who have symptoms and also asymptomatic people?

Q: How many out-of-state campers or camp counselors do we have?

A: Breena Holmes, MD, VDH: None are out-of-state campers. I will try to tally it all up for us. We're still contact tracing.

Q: We consider possible contact as exposure until the 3-4 days have passed while an individual awaits being called or not by VDH. It sounds like we may consider the individual/family to be negative if there is no call from VDH, correct? I mean contact tracing. I called VDH yesterday to ask amount of time and was told it would take < 3-4 days.

A: Breena Holmes, MD, VDH: If you're asking about testing, if you have a positive test, 99% of the time you get called within the first 24 hours. It's not enough to say if you haven't heard that your definitely negative because you have to hear for the negative. But, in contact tracing, it's under 48 hours we've been in contact with everyone, always. I think what you're saying is close to being accurate, but it's closer to 2 days. If you haven't heard, you're not a close contact. Close contact is very well defined on the website.

Q: What is the best timing of testing these kids from exposure at camp? Parents often want testing for other reasons. Is it 7 days from first exposure or 7 days from a positive test? Optimal testing time if 7 days after last exposure to last contact with known positive case?

A: Breena Holmes, MD, VDH: There is an answer that I will get for you but it's not in my head at this second. I will confirm.

Q: I encountered this situation over the weekend: I saw a fair amount of febrile illness. What to do if you have a patient with no COVID contacts and a fever without localizing signs and you order the COVID test, but it cannot be scheduled for 3-4 days and the child ends up being fever free and asymptomatic for the 3 days after your initial visit? Have them go through with it? The observing at home option is working for some families but many kids have pre-school or daycare and testing scheduling is taking time.

A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: This is a hot topic. I think we really need to redefine who needs testing and whether to continue testing when the pre-test probability is very low.

A: Breena Holmes, MD, VDH: Why would there be a 3-day delay in testing?

A: Melissa Kaufold, RN, UVM Health Network Home Health & Hospice; Family and Children's Program: Home Health in Chittenden had a record number (since the Burlington/Winooski outbreak) of + screens (not tests) yesterday due to multiple episodes of childhood fever/illness.