**Background**

There is confusion about how to bill for the COVID-19 testing of nursing facility staff due to the overlap between the requirements for **outbreak** and **surveillance** testing in counties.

**Outbreak testing** - When a nursing facility is on outbreak status due to a confirmed case of a resident or staff member, they must test all staff and residents regularly until there are no new cases for fourteen days. For this outbreak testing the employees’ (and resident’s) individual health insurance should be billed by the laboratory performing the test. Any uninsured staff testing costs are billed by the lab to another payment source that will cover those costs. Because of the availability of multiple programs to cover these costs, DHS Minnesota emergency funding (aka 12A.10) will not cover these costs.

**Surveillance testing** - Nursing facilities that do not have outbreak status are required to regularly test staff due to the CMS mandate (counties are assigned is “red”, “yellow” or “green” with “red” having most frequent testing requirement). The nursing facility is billed by the lab for the surveillance testing of staff. The facility is to cover these expenses with federal CARES Act funds first, and then second, after expending the facility’s funds, the DHS Minnesota emergency funding program (aka 12.A10) will reimburse the nursing facility up to the amount that Medicare would pay for each test.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who pays** when I have an outbreak and my facility’s county is designated **“Red”**?

Testing in **Red Counties** - Nursing facilities may be simultaneously:

1. Required to test staff twice a week if facility’s county is designated **“Red.”**
2. Required to test staff and residents due to an outbreak.

**Answer**

* Testing of staff and residents due to “outbreak”.
	+ Lab bills health insurance.
	+ If staff member is uninsured, only the Mayo and University of Minnesota labs have a contract with MDH to cover these costs. Other labs can bill to programs designed to cover the uninsured or to the facility.
* Testing of staff only due to surveillance requirements.
	+ Lab bills nursing facility for all testing not required due to the outbreak.

**Example**

Facilities who are experiencing an outbreak and do a second round of testing of staff only within a week period because of the requirement for twice a week surveillance testing should have that second round billed as surveillance testing (from the lab to the facility) with payment made from the CARES Act funds or 12A.10.

**Table 1: Testing Summary**

|  |  |  |
| --- | --- | --- |
| **Testing Trigger** | **Staff** | **Residents** |
| Symptomatic individual identified | Staff with signs and symptoms must be tested | Residents with signs and symptoms must be tested |
| Outbreak (Any new case arises in facility) | Test all staff that previously tested negative until no new cases are identified\* | Test all residents that previously tested negative until no new cases are identified\* |
| Routine testing | According to Table 2 below | Not recommended, unless the resident leaves the facility routinely. |

\*For outbreak testing, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. For more information, please review the section below titled, “Testing of Staff and Residents in Response to an Outbreak.”

**Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level**

|  |  |  |
| --- | --- | --- |
| **Community COVID-19 Activity**  | **County Positivity Rate in the past week**  | **Minimum Testing Frequency**  |
| Low  | <5%  | Once a month  |
| Medium  | 5% -10%  | Once a week\*  |
| High  | >10% | Twice a week\*  |

\*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

**Reference**

[https://www.cms.gov/files/document/FFCRA‐Part‐43‐FAQs.pdf](https://www.cms.gov/files/document/FFCRA%E2%80%90Part%E2%80%9043%E2%80%90FAQs.pdf)

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>