

Michigan Department of Health and Human Services Skilled Nursing Facility COVID-19 Testing Frequently Asked Questions

September 25, 2020

On March 10, 2020, Governor Gretchen Whitmer declared a state of emergency in response to the 2019 Novel Coronavirus Disease (COVID-19). Following this declaration, the Michigan Department of Health and Human Services (MDHHS) has been taking action to leverage available regulatory authorities to support Michigan's healthcare infrastructure and maintain the commitment to high quality services and safety to Medicaid beneficiaries.

Detection of COVID-19-positive persons living and working in nursing homes is essential to controlling the pandemic because it facilitates identification and enables isolation of COVID-19 positive persons to prevent the transmission of the virus to others. Robust testing of residents and staff is foundational to the reopening of nursing homes for resident visitation by family and friends. On June 15, 2020, DHHS issued an [Emergency Order](#) in concert with [guidance](#) to skilled nursing facilities, referred to as "nursing homes," for administration of COVID-19 diagnostic testing. This FAQ resource is intended to supplement these documents in implementation of the mandate to provide diagnostic testing as described therein.

Updated information is highlighted.

Version 6: This edition contains substantive additions and/or modifications to previous to amend for time-limited information. Facilities are encouraged to review FAQ in its entirety

General

1. If I have additional testing guidance questions who should I contact?

Send an email to MDHHS-MSA-COVID19@michigan.gov

2. Does the Epidemic Order (testing requirement) apply to all long-term care and congregate living facilities?

No, this order applies only to facilities licensed as nursing homes. We would certainly recommend testing residents who are in the same building as the nursing facility, and more broadly conducting resident testing to the extent practicable, but it is not a requirement at this time.

3. How will the inability to obtain testing supplies and timely test results impact compliance?

Please see MDHHS Skilled Nursing Facility Testing Guidance for options to complete testing, request supplies, or request state assistance if supplies are unavailable. The State has also provided a [list of laboratories with COVID-19 testing capabilities and capacity to partner with new entities](#) for specimen collection. If the availability of testing supplies impacts the facility's compliance with the testing order or a facility's test plan, facilities are directed to document these barriers in Column I of the [Skilled Nursing Facility Testing Plan Template](#) (updated July 10, 2020).

Michigan Department of Health and Human Services Skilled Nursing Facility COVID-19 Testing Frequently Asked Questions

Nursing facilities that require testing assistance may submit requests to MDHHS-LTCRequests@michigan.gov. Testing assistance includes provision of test kits to be completed by a facility and/or personnel assistance with collection of testing samples.

4. How does the new categorization of risk levels on the Mi Safe Start Map correlate to current MDHHS testing requirements?

The previous “Low to Very High” risk designations correlate with Levels A-E in the new categorization of risk levels as noted below. All former references to previous level designations have been adjusted accordingly/as needed in this FAQ.

New Risk Level	Previous Level
Low	Low
A	Medium
B	Medium-High
C	High
D	Very High
E	

- 5. If the county becomes a red county on the CMS county positivity rating, meaning that testing is required twice a week, but there is not an actual outbreak at the facility will the state reimburse the facility for the COVID testing at the higher frequency of twice weekly? The state requires testing every 3-7 days when there is an outbreak and has stated they would reimburse at this testing frequency; would this be true if we were required by federal mandate outside of an actual outbreak?** MDHHS will reimburse for any specimen collection/lab costs required by the facility, whether by state or federal mandate.

Consent for Testing

6. What is the protocol for resident/staff who refuse the COVID-19 test?

Residents

- Residents, or their medical powers of attorney, have the right to decline testing. Clinical discussions about testing may include alternative specimen collection sources that may be more acceptable to residents than nasopharyngeal swabs (e.g., anterior nares). Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents and their medical powers of attorney.
- If a resident has symptoms consistent with COVID-19, but declines testing, they should remain on Transmission-Based Precautions until they meet the symptom-based criteria for discontinuation (see [CDC guidance](#) for additional information).
- If a resident is asymptomatic and declines testing at the time of facility-wide testing, decisions on placing the resident on Transmission-Based Precautions for COVID-19 or providing usual care should be based on whether the facility has

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

evidence suggesting SARS-CoV-2 transmission (i.e., confirmed infection in HCP or nursing-home onset infection in a resident).

- Only residents who have a confirmed positive viral test should be moved to COVID-19-designated units or facilities.

Healthcare personnel:

- If HCP with symptoms consistent with COVID-19 decline testing, they should be presumed to have COVID-19 and excluded from work. Return to work decisions should be based on COVID-19 return to work guidance at the discretion of the facility's occupational health program.
- If asymptomatic HCP decline testing, the facility's occupational health program should determine work reassignment or work restriction so that the staff member will avoid contact with all nursing home residents. All staff should be trained in proper use of personal protective equipment, including universal facemask policies, hand hygiene, and other measures needed to stop transmission of SARS-CoV-2. Staff are expected to follow all safety precautions, including use of PPE, at all times.

Each facility's testing plan must include a procedure for addressing residents who decline testing or are unable to be tested, as well as a procedure for how employees who decline without medical justification and documentation will not be permitted to have direct contact with nursing home residents.

7. What is the procedure when a person with power of attorney consents to the test, but the resident does not assent?

If a patient has impaired decision-making, based on an appropriate clinical assessment, a legally authorized decision-maker (e.g., DPOA, a guardian or parent) should be consulted and may consent on behalf of the patient. If a patient refuses, a medical professional should consult with the legally authorized decision maker of the risks and benefits of the test and indicate whether, based on the professional medical judgment, the test is still medically indicated and consider in that assessment how feasible it is to accurately conduct the test, and understanding that restraints solely for COVID-19 testing are not indicated.

8. What is the guidance for dementia residents who resist and/or are combative with testing? Is it acceptable to mark them as refused or unsafe to test?

Residents can opt out of the testing and this would not be considered a violation of the order. Each facility's testing plan must include a procedure for addressing residents who decline testing or are unable to be tested, as well as a procedure for how employees who decline without medical justification and documentation will not be permitted to have direct contact with nursing home residents.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

9. Do facilities need to make an accommodation for employees who refuse a COVID-19 test for a medical, disability or religious reason?

Yes. An employer's ADA responsibilities to individuals continue during the COVID -19 pandemic, we encourage employers to review EEOC guidance here:

<https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>

Testing Plans

10. Will the testing plan templates only be submitted to MDHHS if state staff request to review a specific plan, or are facilities that need assistance with testing required to submit them?

[Testing plans](#) need only be submitted to MDHHS upon request.

State Support

11. What testing support is available from the State?

The National Guard and the state testing vendor, Honu, will support testing to fulfill certain requirements as capacity allows. Testing assistance includes provision of test kits to be completed by a facility, or personnel assistance with collection of testing samples.

Facilities requesting assistance with testing should download the [Testing Support Request Template](#) and send completed request via email to MDHHS-LTCRequests@michigan.gov.

Initial Testing

12. How is "initial testing" defined with respect to newly hired staff?

Newly hired staff must complete initial testing and receive a negative test prior to any work involving resident contact.

Intake Testing

13. Does the testing requirement of all new or returning residents during intake unless tested within the last 72 hours include dialysis, doctor visits, or ER visits that do not result in hospital admission?

No.

14. When a patient/resident is discharged from the hospital, who is responsible for running the tests (hospital or LTC). If LTC, would they be able to submit for reimbursement?

Facilities are required to test any new or returning resident who has not been tested in last 72 hours, **unless the resident was PCR + within the last 3 months**. If the hospital performs the test before discharge, the facility does not need to complete testing unless

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

the hospital-administered test falls outside of this 72-hour window. Any testing completed by the nursing home would be eligible for reimbursement from Medicare, Medicaid, or MDHHS (depending on the resident's health coverage).

Testing Individuals with Symptoms or Suspected Exposure

15. Which of the expanded list of symptoms warrant testing for COVID-19 under the “suspected” category?

Clinicians should use their judgment to determine if a resident has signs or symptoms compatible with COVID-19 and whether the resident should be tested. Most symptomatic residents with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough) but some infected residents may present with other symptoms such as: shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

16. If someone presents with fever and sore throat and test negative for COVID-19, but positive for strep, do they then need to follow the COVID-19 return-to-work criteria once an alternative (non-Covid-19) diagnosis has been determined?

For symptomatic healthcare personnel who have had COVID-19 ruled out and have an alternative diagnosis (e.g., tested positive for Group A streptococcus or influenza), criteria for return to work should be based on that diagnosis.

Routine Staff Testing

17. What criteria should facilities use to determine who should be included in the staff testing requirements?

Pending further guidance, the staff testing requirements apply to all nursing facility staff employees by the facility and any contractors who are routinely in the building for more than 8 hours per week and have direct resident contact during this time. While not required, MDHHS encourages testing of **all** contractors who are in the nursing facility on a routine and regular basis and have direct resident contact, even if these individuals are in the building for less than 8 hours per week. MDHHS will reimburse facilities for conducting any such testing in accordance with the financial guidance released by MDHHS.

18. What is the definition of “resident contact”?

Resident contact is defined as providing direct care for a resident which may include, but is not limited to, assisting with activities of daily living, physical assessments, taking vital signs, medication administration, indwelling device care, wound care, providing physical/occupational/speech therapy services, assistance with socializing and wellness activities. Resident contact is also defined as being within 6 feet of one or more residents for ≥15 minutes. Please see CDC guidelines for additional context: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> and <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

19. Do nursing home employees require a physician order for testing?

Testing must be ordered by an authorized clinician. Several types of clinicians may issue an order for the test, in addition to physicians. Per [Executive Order 2020-104](#), physician's assistants, advanced practice registered nurse, licensed practical nurse, or registered professional nurse, and pharmacists "must be considered to be persons authorized to order a laboratory test that has been classified by the Food and Drug Administration as moderate or high complexity." COVID-19 testing is classified as moderate or high complexity, depending on the precise type of testing used.

20. What is the process for reimbursement of testing for hospice staff or other contractors providing services in nursing facilities?

Staff contracted with nursing homes to provide hospice or other services can be included in the nursing facility's routine/weekly testing and the state will reimburse the nursing facility for any costs incurred to test these staff. A hospice agency or other medical services provider cannot request payment directly and would need to be included as part of the nursing home testing and submitted with the facility's reimbursement request.

21. Some of our staff or contractors work in multiple facilities. Do they need to be tested weekly at each facility?

Staff who work in multiple facilities may use negative test results from one test (each week) to fulfill the testing requirement at all facilities subject to the weekly testing required under the MDHHS Emergency Order.

22. Can the employer excuse an employee who is on vacation from weekly testing? Do they have to be tested on schedule if they are on scheduled vacation?

Yes, an employer may excuse an employee who is on vacation or otherwise not reporting to work from weekly testing.

23. Upon returning from vacation, should staff be tested their first day back, or should they be tested with results procured prior to return?

All staff should be screened upon returning to work for fever and the presence of COVID-19 symptoms. Any HCP with signs or symptoms of COVID-19 should be tested and excluded from work until they meet the [return to work criteria](#). Asymptomatic HCP should be tested as soon as practical upon returning to work. If HCP remain asymptomatic, they may continue working while awaiting test results, unless work restrictions have been implemented by the facility occupational health program because of an [exposure warranting exclusion from work](#).

24. In order to schedule weekly testing, homes need to schedule this over 5 days. Does it have to be an exact 7 days between test or can this be + 2 days to allow for days off and sick days?

MDHHS interprets weekly testing to require one test per calendar week (Sunday to Saturday). Facilities do not need to schedule exactly every 7 days, given the operational difficulty of doing so.

25. If we do not have test results back in one week, should we notify the state within 24 hours and hold off on the "weekly" testing until the results are in?

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

Facilities should continue to conduct weekly testing while awaiting results from previously conducted testing.

The State recognizes the importance of timely test results, is continually improving our own testing processes and contracts to improve timeliness and encourages facilities to prioritize timeliness of results in their testing planning.

26. What is the guidance for staff who work limited days/week for whom results will not be available until they have worked their shifts?

All staff should be screened upon returning to work for fever and the presence of COVID-19 symptoms. Any HCP with signs or symptoms of COVID-19 should be tested and excluded from work until they meet the return to work criteria. Asymptomatic staff who are awaiting test results from the facility weekly testing may continue working while awaiting test results, unless work restrictions have been implemented by the facility occupational health program because of an exposure warranting exclusion from work. MDHHS interprets weekly testing to require one test per calendar week (Sunday to Saturday).

27. If staff testing for antibodies reveal they have antibodies, are they still subject to weekly testing if asymptomatic?

Yes. Anti-body testing should not be used as a basis to diagnose active COVID-19 infection. This testing can only indicate whether an individual has *ever* had a COVID-19 infection or possibly from infection with a related coronavirus, such as one that causes the common cold, not whether they have an *active* infection. Significant questions remain around what, if any, immunity antibodies provide to COVID-19 and how long this protection might last, as well as around the sensitivity and specificity of many anti-body tests. Therefore, antibody tests should not be used to diagnose COVID-19 and should not be used to inform infection prevention actions.

28. If licensed health care providers refuse to take the test, could this individual face licensing implications?

In general, unless the medical screening is mandatory under a provider's own communicable disease policy and procedures, no action would be taken by MDHHS or LARA. If medical screening is mandatory under a facility's policy/procedures, the facility could be at risk for not enforcing their policy and procedures.

29. Can an employee be terminated for refusing to be tested?

A nursing home employee who refuses to test without medical justification must not be permitted to have any direct care duties and responsibilities for, or have direct contact with, any of the nursing home's residents. Facilities that have employees refusing to test are responsible to ensure such direct contact is avoided, and the facility as an employer would be responsible for making any and all employment decisions are in concert with their own collective bargaining agreements(if applicable), policies and handbooks, as well as any applicable state and federal laws.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

30. If a staff member refused to participate in the weekly testing and there are no other jobs available for the person that does not include resident contact would they be eligible for Unemployment (UI) benefits?

If an employee is terminated as a result of refusing to participate in the weekly testing, his/her eligibility for UI benefits would be reviewed on a case by case basis to determine whether the individual was discharged as a result of misconduct – defined as conduct that is a willful or wanton disregard of the employer’s best interest, or conduct beneath the standard that the employer has a right to expect, or repeated violations of policy. Whether the individual is disqualified from receiving benefits will depend on whether the refusal to consent to COVID-19 testing was in disregard of the employer’s best interest, and/or whether the refusal was beneath the standard of conduct that the employer has a right to expect.

31. What support is available to facilities in the event staff who test positive or refuse testing creates a critical staffing shortage? Will supports be available in all geographic locations?

To assist with staffing shortages at long-term care facilities due to COVID-19, MDHHS is offering Rapid Response Staffing Resources statewide. MDHHS will provide short term staffing assistance through 22nd Century Technologies, Inc. Facilities requiring staffing assistance will need to meet specific criteria and demonstrate they have exhausted all other options. Staffing resources will include registered nurses, certified nursing assistants, personal care aides or resident care assistants. More information on how to access Rapid Response Staffing, the criteria to qualify, and frequently asked questions can be found [here](#).

Weekly Testing in Facilities with Positive Cases

32. When there is weekly testing required for positive case, what is the current guidance for re-testing residents or staff who have tested positive?

When a new case of SARS-CoV-2 infection is identified in a health care professional or a nursing home-onset case in a resident, viral testing should be performed for all residents and staff as soon as possible. Continue repeat viral testing of all *previously negative* residents and staff, generally between every 3 days to 7 days, until the testing identifies *no new cases* of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result.

CDC has provided [updated guidance](#) and [FAQs](#) regarding re-testing residents or staff who have tested positive:

- 1) If resident or HCP was PCR + within the past 3 months and are now asymptomatic, do not retest as part of facility-wide testing.

- 2) If resident or HCP was PCR + more than 3 months ago and are asymptomatic, include in facility-wide testing.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

3) If resident or HCP was PCR + within the past 3 months and they become symptomatic again after recovering from initial illness, evaluate current illness and retesting for SARS-CoV-2 may be warranted if alternative etiologies for the illness cannot be identified.

4) If resident or HCP was PCR + more than 3 months ago and they become symptomatic again after recovering from initial illness, retest and if positive should be considered potentially infectious and remain in isolation precautions until [discontinuation criteria](#) or excluded from work until [return to work criteria](#) can be met.

5) For persons who are [severely immunocompromised](#), a test-based strategy to discontinue transmission-based precautions or return to work *could* be considered in consultation with infectious diseases experts. For all others, **a test-based strategy** to discontinue transmission-based precautions or return to work is **no longer recommended** except in rare instances to discontinue earlier than would occur under the symptom-based or time-based criteria.

33. An administrative staff member tested positive for COVID-19. He/she is asymptomatic, and does not interact with residents directly, but was working within his/her office in the building. Would this positive case require weekly testing of staff and residents for the 14-day time period if this is the only positive case identified?

Yes. A positive case among any staff member, regardless of whether they have contact with residents, triggers the requirement for weekly testing of all residents and staff, until the testing identifies no new cases for a period of at least 14 days since the most recent positive result.

34. If a facility accepts a COVID-positive individual being discharged from a hospital, does this trigger the requirement to conduct weekly testing of all residents and staff (concluding 14 days after the most recent positive result)?

This testing requirement applies in response to an outbreak when either are detected: 1) A confirmed case among healthcare workers (regardless of whether exposure is thought to have occurred at home or at the nursing facility), or 2) A confirmed nursing-home-onset SARS-CoV02 case, which refers to SARS-CoV02 infections that originated in the nursing home. All current previously negative residents and staff should then be tested weekly, until at least 14 days since the most recent positive result. The requirement does not apply to acceptance of an individual already known to test positive for COVID-19.

35. If a staff member is out of a facility for an extended period (e.g., medical leave) and has recently tested positive, but has had no resident or staff contact, must facility begin weekly testing of all residents and staff?

If the staff member did not work in the 48 hours prior to the first start of symptoms and has had no contact with residents or other staff since start of symptoms, then the facility would not need to do weekly testing. This staff member should be excluded from work until return-to-work criteria can be met.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

Rapid Testing

36. Is the state allowing the rapid tests to be used instead of the NP, nasal, oral or sputum methods?

The MDHHS guidance for nursing home testing specifics that the following type of diagnostic testing is allowable:

- polymerase chain reaction (PCR);
- nucleic acid; or
- antigen tests

Rapid tests meeting this criterion are allowable. MDHHS guidance regarding antigen testing in nursing homes can be found [here](#).

Unclear Test Results

37. What should we do with staff/resident inconclusive test results?

Staff with an inconclusive test result should be retested.

38. How do we mitigate the risk of false positives?

We recognize that there is a possibility of false positive results, and that no test is perfect. However, testing in a region with a Level A-E (formerly “medium or higher”) COVID-19 risk level, and in a higher risk setting such as a nursing home, makes false positive results less likely.

Reporting Test Results

39. May facilities share the results of the employee COVID-19 tests with the state in compliance with HIPAA?

Yes. The order requiring a COVID-19 test of employees at nursing facilities is necessary to prevent the spread of COVID-19. The Office of Civil Rights (OCR) has issued enforcement guidance on HIPAA indicating that a disclosure by a business associate of health information to a public health entity at the state level, for purpose of preventing or controlling the spread of COVID-19, consistent with 45 CFR 164.512b, is a good faith disclosure in which OCR will exercise its enforcement discretion and not issue penalties. More information can be found here: <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

Disclosure by a covered entity for this purpose was already permissible and remains so, as OCR indicated in the guidance above: “The HIPAA Privacy Rule already permits covered entities to provide this data, and today’s announcement now permits business associates to also share this data without risk of a HPIAA penalty.”

40. If an employee divides time between two or more facilities, who is responsible for testing and/or reporting (via EMResource) any positive results?

The facility where the employee spends the greater portion of their FTE is responsible for testing and reporting. If time is allocated equally, then the facilities should come to a mutual understanding and/or compromise regarding responsibility.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

Reimbursement

- 1. Will the state provide reimbursement for resident testing costs if a nursing facility contracts with a laboratory that won't bill Medicaid?**

No. Facilities should ensure the ability to bill Medicaid for laboratory services provided to Medicaid-covered residents, whether by contracting with a laboratory with billing capability or by developing an alternative process permitting the laboratory services to be billed.

- 2. If testing is being reimbursed by the state, do all samples need to go through Bureau of Labs (BOL)? Would requests for supplies need to go through BOL?**

No, samples do not need to go through BOL, and the State recommends that facilities develop partners besides BOL to assist with this testing. The State has provided [list of laboratories with COVID-19 testing capabilities and capacity to partner with new entities](#) for specimen collection.

If/when appropriate alternatives do not exist, facilities may still send samples and/or request supplies to BOL. The State will fulfill supply requests as capacity and incoming supplies allow.

- 3. Can out of state labs be used? If so, is there any impact on reimbursement? Do only labs approved by MDHHS qualify for reimbursement?**

Yes, out-of-state laboratories may be used. There should not be an impact on reimbursement, though in some instances testing should be billed to insurance to seek reimbursement, and not all laboratories have insurance billing capabilities.

In general, facilities may partner with any laboratory that has validated COVID-19 testing, is able to conduct CLIA high-complexity tests, and uses a testing methodology with Emergency Use Authorization from the Food and Drug Administration. Facilities should consult with clinical staff and laboratory staff to ensure that appropriate testing methods are selected to fit the patient profile; for example, some tests may be less suitable for asymptomatic individuals. Note that the vast majority of COVID-19 utilizes a PCR methodology that requires a CLIA high-complexity laboratory; however, rapid point-of-care tests, which are less common, only require a CLIA waiver.

Finally, please note that the list of laboratories published on the MDHHS website only reflects those that have indicated capacity to contract with new partners to conduct additional testing. It does not encompass all laboratories in the state that have verified COVID-19 testing, which is a large number of laboratories.

- 4. Some facilities have requested that the state assist by dropping off test kits for facility administration. If a facility conducts the test using state provided test kits, is the facility eligible for the \$22.07 specimen collection reimbursement?**

Yes, facilities may claim reimbursement for the specimen collection fee when the National Guard drops off testing kits and the facility collects the specimens.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

5. Will the state compensate facilities for any additional staff time needed to conduct the required testing?

Facilities may seek reimbursement from MDHHS for specimen collection, conducted by the facility, through the MDHHS reimbursement process. This would include specimen collection for staff, private pay residents, Medicare residents and Medicaid residents.

6. Are labs to bill for patients with Advantage plans or supplementals? Or only for straight Medicare or Medicaid?

Labs should bill Medicare Advantage plans as well as standard Medicare or Medicaid. Recent guidance from the Centers for Medicare and Medicaid indicates that Medicare Advantage plans must cover COVID-19 testing in skilled nursing facilities according to recommendations from the Centers for Disease Control and Prevention (which align with MDHHS testing requirements).

Exception: Facilities should seek MDHHS reimbursement for testing of residents under a Medicare Part A stay, rather than billing Medicare.

7. How often can the reimbursement form be submitted? Should we submit each week or combine many weeks of testing on one form?

MDHHS recommends that facilities submit the reimbursement form on either a monthly or bi-weekly basis.

8. Should the facilities expect lab invoices for staff or residents insured by Medicaid or Medicare?

No, the facility should not expect lab invoices for staff or residents insured by Medicaid or Medicare.

9. Does the state expect the labs that facilities are partnering with to bill commercial insurance?

No. At this time, the state is not expecting either the lab or the facilities to pursue testing-related reimbursement from commercial insurers. The facility would be eligible for testing reimbursement from MDHHS for these tests, and the facility should receive invoices from the lab to support this reimbursement request.

10. Is the facility required to pay the lab invoices before submitting a request for state reimbursement?

Yes. The facility must gather and pay the lab invoices before requesting reimbursement from MDHHS. The invoices must be retained with the providers' records, and is subject to audit, but do not need to be submitted to MDHHS with the reimbursement request form.

11. If Medicare rejects a claim for testing reimbursement (example: VA contract prohibits Medicare billing), can the facility seek reimbursement from the state?

If the VA and Medicare will not cover the cost of the test, then the facility may request reimbursement for that test from MDHHS.

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

12. Does the facility need to submit individual level information/details along with the reimbursement form when requesting MDHHS reimbursement?

The facility must retain insurance information in their files for each employee and resident for audit purposes. The facility **MUST NOT** submit insurance cards or any other protected health information with their reimbursement request. If a facility is audited, then MDHHS will request the documentation at that point through a secure method.

13. Will the state be providing reimbursement for testing completed by hospice facilities licensed as nursing homes?

Yes. The State of Michigan will provide financial resources to hospice facilities licensed as nursing homes and subject to the testing requirements in the MDHHS Emergency Order to cover the cost of employee tests. Please see the [financial guidance](#) released by MDHHS for further details.

14. Will MDHHS reimburse for testing that occurs during a resident's Medicare Part A stay?

Yes, MDHHS has updated the financial guidance to reflect that MDHHS will reimburse the full lab cost of the test for private pay residents, residents under a Medicare Part A stay and staff tests.

MDHHS will not reimburse testing for Medicaid residents and Medicare residents not under a Part A stay as that should be covered and billed by the laboratory. For testing of staff with Medicaid as insurance, Medicaid should be billed.

15. Can facilities submit for reimbursement of testing that occurred prior to issuance of the EO on June 15th?

Facilities may submit for reimbursement of initial testing costs that occurred as early as Governor Whitmer's declaration of state of emergency (March 10, 2020). Documentation in the facility's Testing Plan must substantiate the initial testing time period requested for reimbursement.

16. Can facilities submit for reimbursement for purchasing additional test kits for the point of care (POC) antigen tests? If so, what is the process to request reimbursement?

MDHHS will reimburse nursing homes with a CLIA Certificate of Waiver for POC antigen tests only for staff, private pay residents and residents on a Medicare Part A stay at the full lab cost. Nursing homes must bill Medicare Part B or Medicaid for POC antigen tests of Medicaid residents and Medicare residents not on a Part A stay. MDHHS will reimburse for the specimen collection done by the nursing home for POC antigen tests of staff and residents regardless of payor source at \$22.07 a test.

Testing Reimbursement Process

- Complete [Testing Reimbursement Form](#)

Notes:

**Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions**

1. MDHHS will pay the full lab cost for lab-incurred specimen collection, except in instances for residents/staff where Medicare Part B may be billed for specimen collection.
 2. Reimbursement rate for specimen collection by facility is \$22.07
- Submit all testing reimbursement forms to:
MDHHS-SNF-Testing-Financial@michigan.gov
Do **NOT** send any confidential information or beneficiary specific data via email.
- Requests for reimbursement may be submitted on a monthly or bi-weekly basis
- Anticipated payment disbursement via EFT upon receipt of properly submitted reimbursement form: 5 business days (disbursement may be delayed in the event request submission requires correction or resubmission.)

Additional LTCF COVID-19 Information and Resources

Stay up-to-date on the [Nursing Home COVID-19 Plan](#)

- [Emergency Order: Testing 06.15.20](#)
- [Director Robert Gordon memo 06.25.20](#)
- [Testing Guidance 06.15.20](#)
- [SNF COVID-19 Testing Financial Guidance 09.23.20](#)
- [Testing Reimbursement Form 07.09.20](#)
- [Testing Support Request Template 07.10.20](#)
- [Skilled Nursing Facility Testing Plan Template 07.10.20](#)