NC DHHS COVID-19 Update: Testing, Guidance and Resources

DHHS Leadership

6/15/20
Topics of Discussion

• Welcome…Secretary Mandy Cohen
• Epidemiology and Statistics…Dr. Zack Moore
• Testing Methodology Updates… Dr. Scott Shone
• Testing Principles(Guidance)...Drs. Betsey Tilson & Shannon Dowler
• Symptom Tracker & Find my Testing Site…Dr. Cardra Burns
• RFQ, High Throughput, and Paying for Testing…Jay Ludlam, JD
• Resources…Dr. Betsey Tilson
• Questions and Answer…ALL
COVID-19: National and State Surveillance

June 15, 2020
U.S. Cases since Outbreak Began

Number of New Cases

01/22/2020 02/06/2020 02/21/2020 03/07/2020 03/22/2020 04/06/2020 04/21/2020 05/06/2020 05/21/2020 06/05/2020

0 5,000 10,000 15,000 20,000 25,000 30,000 35,000 40,000
Increasing Cases in Multiple Regions

Change in Weekly Cases by County from 28MAY-03JUN2020 to 04JUN-10JUN2020

Date: 6/11/2020
Source: USAFacts, JHU CSSE
N.C. Confirmed Cases by Specimen Date

Laboratory-confirmed COVID-19 cases by date of specimen collection

Total Cases: 44,119
Total Tests Reported

TOTAL TESTS
627,130
Positive Tests as a Percentage of Total Tests

POSITIVE TESTS 9%
N.C. Daily Number Hospitalized

- Currently Hospitalized: 798
- Hospitals Reporting: 76%
N.C. Confirmed COVID Deaths by Date of Death

TOTAL DEATHS
1,109
N.C. Confirmed Cases – Demographics

By Race

- American Indian/Alaskan Native: 1%
- Asian: 2%
- Black or African American: 26%
- Native Hawaiian or Pacific Islander: 0%
- White: 54%
- Other: 16%

By Age

- 0-17: 9%
- 18-24: 11%
- 25-49: 45%
- 50-64: 21%
- 65-74: 7%
- 75+: 7%

By Ethnicity

- Hispanic: 44%
- Non-Hispanic: 56%

By Gender

- Male: 50%
- Female: 50%

Missing Demographic Data

- Race: 13,638
- Ethnicity: 14,695
- Age: 8
- Gender: 518

June 14, 2020
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June 14, 2020
N.C. COVID-19 Deaths – Demographics

By Race
- American Indian/Alaskan Native: 1%
- Asian: 1%
- Black or African American: 34%
- Native Hawaiian or Pacific Islander: 0%
- White: 59%
- Other: 4%

By Age
- 0-17: 0%
- 18-24: 0%
- 25-49: 4%
- 50-64: 13%
- 65-74: 20%
- 75+: 62%

By Ethnicity
- Hispanic: 7%
- Non-Hispanic: 93%

By Gender
- Male: 53%
- Female: 47%

Missing Demographic Data
- Race: 33
- Ethnicity: 54
- Age: 0
- Gender: 5

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June 14, 2020
N.C. Confirmed Case by Race and Ethnicity

Week of Illness Identification

Number of Cases

Unknown/Missing

Hispanic

Other
N.C. Confirmed Case by Race and Ethnicity
COVID-Like Illness (CLI) in N.C.
COVID-19: Testing Methodology Updates

June 15, 2020
Types of Tests

- Shows active infection
- Two types of diagnostic tests
  - molecular (RT-PCR) tests that detect the virus’s genetic material
  - antigen tests that detect specific proteins on the surface of the virus
- Looks for antibodies made during immune response
- Antibodies can take several days or weeks to develop after infection
- Antibody tests should not be used to diagnose an active coronavirus infection
- Unknown how antibodies correlate to immunity
Diagnostic Tests

**Molecular**
- Sample Collection
- Gene Amplification Genetic Analysis
- Result Check
- Sensitive
- Specific
- Several hours
- High throughput

**POC/Near-Patient**
- Sample Collection
- Rapid Diagnostic Test (RDT)
- Result Check
- Less Sensitive
- Specific
- Minutes
- Low throughput

**Antigen**
- Sample Collection
- Less Sensitive
- Specific
- Minutes
- Low throughput

Diagnostic Tests

**Laboratory**
- Sample Collection
- Gene Amplification Genetic Analysis
- Result Check
- Sensitive
- Specific
- Several hours
- High throughput
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Diagnostic Tests

POC/Near-Patient

Check Instructions for Use for Limitations:

Negative results should be treated as presumptive and, if inconsistent with clinical signs and symptoms or necessary for infection control or patient management, should be tested with different authorized or cleared molecular tests.
Who Gets a Test?
Linda is a 55 year old home health aide with diabetes and hypertension. She has been working full time and is worried about being exposed to COVID. She sends a message to her PCP about whether she can get a test. What is the best answer?
Tameika is a 23 year old healthy server at Waffle House and she has been working overtime since the restaurant opened to dine in customers. She wears a cloth mask at work. She lives with her parents and her dad is currently in chemotherapy for colon cancer. Should she get tested?
John is a 19 year old with a history of asthma and allergies who has three days of cough, fatigue and decreased appetite. He attended several protests over the weekend and wore his mask faithfully. His mom told him to get a COVID test but his PCP’s office said since his symptoms were mild he didn’t need to. What would you say?
Raul is a 29 year old otherwise healthy construction worker who feels fine. He does not have health insurance. His income supports his family of 5. Several people on the job site have been out sick and his wife wants him to get a test but his boss has said not to worry. What are Raul’s best options?
Angelica is a 26 year old Spanish speaking pregnant farmworker who recently arrived in Hendersonville, NC from Miami, FL where she travelled in a large van for two days making the trip. She feels fine today and is not sure where she will go for pregnancy care in NC. What would you advise her to do for testing?
Betty Anne is a 74 year old active member of her local church choir. They have been having church with the windows open and people sitting away from each other. She only goes out for grocery shopping and church and volunteers at the local library reading program. Should she get tested?
What is the Check My Symptoms Tool?

Individuals may use the Check My Symptoms Portal to input key information related to need for testing (i.e., healthcare worker status, chronic diseases, COVID-19 symptoms, age, etc.).

- **Residents** will utilize the tool to understand if they should get tested
- Individuals will receive either a text message or email depending on their preferred method of contact
- [https://ncdhhs-covid19-dtra.powerappsportals.us](https://ncdhhs-covid19-dtra.powerappsportals.us)

*The symptom checker is an informational tool to help you determine if you may need to get tested; however it is not a physician order. Testing sites may require their own screening.*
What is the Find My Testing Location Tool?

Individuals may navigate to the Castlight COVID-19 Test Site Finder, either via the link in the email/text message following the Check My Symptoms Portal or via the NCDHHS public website.

- **Residents** will utilize the tool to find a testing location near them
- **DHHS** will utilize the tool to report on the number of testing sites available
- **Residents and LHDs** will use the tool to register a new test collection site

Individuals will then enter their address, city, county or zip code of interest. Individuals will then see a list and map of closest testing sites along with pertinent information. In order to get tested, the individual will need to follow the instructions for the particular testing site. This could be via walk-in appointment (i.e., at urgent care facility) or by calling to schedule an appointment and getting a physician's order (i.e., at primary care practice).

[Find My Testing Location pages](https://covid19.ncdhhs.gov/about-covid-19/testing/find-my-testing-place)
Request for Qualified Vendors (RFQ)

Provides greater transparency for businesses into the State needs related to COVID-19 Testing and Contact Tracing

Increase testing

115,904 tests were completed over the past week (6/8-6/14)
- 16,557 7 day rolling average
  - Source: covid19.ncdhhs.gov/dashboard/testing

RFQ will permit NCDHHS to contract with vendors to run high throughput & directed mobile collection sites

Equity access to opportunities
- Executive Order No. 143 to address disparities in communities of color that are being highlighted and intensified by this pandemic
- NC DHHS worked with North Carolina Historically Underutilized Business Office (HUB) in this RFQ

Reserve lab capacity
- Currently have ~32 private and hospital labs performing COVID-19 testing
- State Lab may need to reserve additional laboratory capacity to support initiatives

Offers Flexibility & Directed Community Resources
- Anticipate up to possible 3000 total contact tracing staff to support efforts
- CCNC is now authorized to hire 450 Case Investigators, Contact Tracers and support staff
- Provides additional way to meet demand for community-based resources
  - Bilingual, Spanish in high demand
  - Connecting with community
Reimbursement for Testing Overview

• Who Should I Bill for Testing?
  All major insurers, including commercial insurance, Medicare, and Medicaid will generally cover COVID-19 testing for their enrollees when it is ordered by a provider. (Medicare and Medicaid also may cover testing in cases where the test is not ordered by a provider.) Providers should bill insurance for COVID-19 testing. Coverage of testing is also available for uninsured individuals under the HRSA COVID-19 Uninsured Program.

• Should Patients be Charged Cost Sharing for Testing?
  No. Under the Families First Coronavirus Response Act (FFCRA), COVID-19 testing must be covered at no out-of-pocket cost for individuals enrolled in most private coverage, Medicare, Medicaid, or CHIP.
Reimbursement for Testing through HRSA

• Which Providers Can Bill the HRSA Uninsured Program?
  Any health care provider who is able to conduct COVID-19 testing under NC law and is able to complete the required attestations and electronic claims submission process, may enroll in the HRSA program. This includes pharmacies and laboratories. A provider does not need to be enrolled in Medicare or Medicaid to bill HRSA, but providers on the HHS Office of the Inspector General List of Excluded Individuals/Entities and/or any provider who has had their Medicare enrollment revoked by CMS do not qualify for the program. Vendors conducting testing outside of health care provider settings, for example in a pop-up testing site in the community, should ensure a health care provider (such as the laboratory processing tests) is available to bill HRSA for this testing.

• Will HRSA Cover Testing for All Uninsured Individuals?
  HRSA will cover COVID-19 testing for the vast majority of uninsured individuals, including anyone who is not covered by an individual or employer-sponsored plan, a federal health care program, or the federal employee health benefits program at the time of testing. A provider does not need to assess whether an uninsured individual is eligible for another form of coverage, only that they are not currently enrolled in another form of coverage.

  Providers should ask whether the patient has Medicare, Medicaid, or commercial or employer insurance, like Blue Cross Blue Shield. Providers should also consult the Medicaid eligibility system to confirm whether an individual is enrolled in Medicaid when determining whether to bill Medicaid or HRSA. Based on the guidance currently available, individuals enrolled in the Medicaid Family Planning Program appear to be considered enrolled in Medicaid, despite the lack of Medicaid coverage for COVID-19 testing, and appear to be ineligible for HRSA testing coverage. The State is encouraging CMS and HRSA to address this oversight.

• Will HRSA Cover Testing for Undocumented Individuals?
  Providers are not required to confirm immigration status of uninsured individuals. While a provider must attempt to gather an SSN or state identification/driver’s license before submitting a claim, neither an SSN nor a state identification/driver’s license is required to qualify for HRSA coverage. Claims submitted without this information may take longer to process, but should not be denied. Note that HRSA coverage is not on the list of public benefits subject to the “Public Charge” rule, and use of this program should not affect citizenship or green card proceedings for immigrants.
Linking to Resources: PPE and Testing Supplies

HTTPS://COVID19.NCDHHS.GOV/INFORMATION/HEALTH-CARE/REQUESTING-PPE

HTTPS://COVID19.NCDHHS.GOV/INFORMATION/HEALTH-CARE/REQUESTING-SPECIMEN-TESTING-SUPPLIES