

## COVID-19 Frequently Asked Questions (FAQs)

NACHC will periodically update these FAQs as new information is learned in regard to COVID-19. Responses may include links to additional resources or the best gathered information from subject matter experts. Look at the top right corner for the most recent version of this document. New FAQs/Responses will be in **red text** for at least one cycle of updates.

### **RESOURCES**

#### **1) Where can I find the most up-to-date and accurate resources on COVID-19?**

Overall, [www.coronavirus.gov](http://www.coronavirus.gov) has now been established (managed by CDC)

The **Centers for Disease Control and Prevention's** (CDC's) website:

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- FAQs (Available in English, Spanish, and Chinese):  
<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- *Many other government sites (including HRSA) refer directly to CDC's pages*

**NACHC** has a dedicated page on its website with resources specifically geared toward community health centers and the communities and populations they serve:

<http://www.nachc.org/coronavirus/>

The **Centers for Medicare and Medicaid Services** has created a coronavirus information page with FAQs and resources related to coverage, health care facility inspection, etc:

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

**Dental** resources:

[Infectious Diseases 2019 Novel Coronavirus](#)

**Homeless** resources:

- <https://nationalhomeless.org/coronavirus-covid-19/>
- <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-homeless-shelters-covid19.pdf>

**Asian American (AA), Native Hawaiian and Pacific Islander (NHPI)** community health centers: [https://www.aapcho.org/resources\\_db/public-health-alerts/#sec1](https://www.aapcho.org/resources_db/public-health-alerts/#sec1)

The **Health Center Resource Clearinghouse** will add relevant resources related to COVID-19 under the Emerging Issues heading:

<https://www.healthcenterinfo.org/quick-finds-emerging-issues/?sort=Creation+Date>

## **INFECTION CONTROL/PERSONAL PROTECTION EQUIPMENT (PPE)**

**1) Can you please provide advice on the practical use of PPE in an ambulatory setting, particularly among health centers that do not have the resources to implement airborne precautions?**

There are several resources from the CDC to become familiar with:

- Personal Protective Equipment page on the CDC website for any available information on PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html>
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

## **CLINICAL PROTOCOLS**

**1) Can you please include the screening algorithms?**

See the Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) March 8, 2020 from the CDC website:

<https://emergency.cdc.gov/han/2020/han00429.asp>

## **ENVIRONMENTAL**

**1) For health care settings with no negative pressure room, how long should we wait before entering and cleaning the room?**

See the Information for Healthcare Professionals page on the CDC website:

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-hcp.html)

## **WORKFORCE/HUMAN RESOURCES**

**1) What is a good resource/site to understand the HR legal issues pertaining to pandemics?**

CDC Pandemics Preparedness:

<https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/regulations-laws-during-pandemic.htm>

Get Your Workforce Ready for Pandemic Flu:

<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-work-set.pdf>

Occupational Safety and Health Administration pandemic information:

[https://www.osha.gov/Publications/influenza\\_pandemic.html](https://www.osha.gov/Publications/influenza_pandemic.html)

**2) Where can we find guidance on communications materials for patients and for staff?**

CDC's Communication Resources page:

<https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>

**BILLING / INSURANCE / CODING****1) Will individuals in high deductible plans (the underinsured) be able to be tested and get care for COVID-19 if they have not hit their deductibles first?**

Per [IRS guidance published on March 11](#), patients with “high deductible health plans” may be able to get both testing and treatment for COVID-19 covered by their insurance before they meet their deductibles. While high-deductible plans are not required to provide COVID-19 services outside of the deductible, the IRS guidance eliminated the tax penalties that would normally result from this type of change.”

Additional billing and coding guidance from CMS:

- [Frequently Asked Questions to Assist Medicare Providers \(PDF\)](#) (3/6/20)
- Fact sheet: [Medicare Coverage and Payment Related to COVID-19 \(PDF\)](#) (3/5/20)
- Fact sheet: [Medicaid and CHIP Coverage and Payment Related to COVID-19 \(PDF\)](#) (3/5/20)
- [COVID-19: New ICD-10-CM Code and Interim Coding Guidance](#) (2/20/20)

**FEDERAL FUNDING****1) Does NACHC anticipate that disaster relief funding may be available to adversely affected health centers?**

As per BPHC Bulletin (03.11.2020): On Friday, March 6, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, which provides \$8.3 billion in emergency funding for federal agencies to respond to the COVID-19 outbreak. \$100 million is available for health centers to prevent, prepare for, and respond to the COVID-19 national emergency. HRSA is working quickly to develop a spend plan and will expedite the awarding of funds.

**IMPACT/REPORTING****1) What are HRSA's requirements for health centers in the areas of emergency preparedness and emergency response? (From HRSA FAQs)**

- [Program Assistance Letter \(PAL\) 2014-05](#) provides information regarding the process for requesting a change in scope to the federal scope of project to add temporary locations in response to emergency events.
- [PAL 2017-07](#) clarifies the credentialing and privileging documentation required to support temporary privileging of clinical providers by health centers in response to certain declared emergency situations.

- The Federal Tort Claims Act Health Center Policy Manual in [Section F: FTCA Coverage When Responding to Emergency Events](#) provides additional guidance related to emergencies.

**2) Do we know when HRSA will be releasing their expectations on PCAs re: tracking impact? (referred from HRSA FAQs: How can Primary Care Associations (PCAs) assist in ensuring that states integrate health centers in COVID-19 preparedness planning and in supporting health centers during a COVID-19 pandemic?)**

PCAs can facilitate the sharing of important information with health centers through electronic alerts, can conduct outreach to increase awareness and participation in various regional/state pandemic planning and response activities, and can learn from the health centers what issues they face and what assistance may be needed.

PCAs have established mechanisms to engage with health centers in collecting critical information during and after an emergency situation. In addition, PCAs can work to ensure that health centers are included in COVID-19 response plans by tapping into regional/state pandemic planning and response activities.

HRSA expects PCAs to also coordinate with State Primary Care Offices (PCOs) and to routinely report in their annual funding applications the status of their efforts regarding emergency preparedness planning and development of emergency management plans, including participation or attempts to participate with state and local emergency planners. Many PCAs play active roles in the state as coordinators, managers, and disseminators of real-time information during emergencies.

*Referenced from HRSA's Novel Coronavirus (COVID-19) Frequently Asked Questions:*  
<https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

**IMMIGRATION/PUBLIC CHARGE (last updated 3/14)**

**1) We have immigrant patients who are concerned that seeking care for COVID-19 could negatively impact their immigration status. What should we tell them?**

Individuals should not refrain from seeking medical care for COVID-19 (testing or treatment) due to concerns about their immigration status. We know of no circumstances under which seeking COVID-19 testing and treatment would negatively impact a patient's immigration status, for the following reasons:

- The only time that using any public benefit (e.g., Medicaid, SNAP) could impact the immigration status of a person currently residing in the US is if that person is subject to a "public charge test."
- Few immigrants will ever be subject to a "public charge test." For example, refugees, victims of trafficking, persons without documentation, and persons who already have Legal Permanent Residency will never be subject to a public charge test.

- For those immigrants who could potentially be subject to a public charge test, this would only occur if and when they apply for Legal Permanent Residency status (aka their first Green Card). These individuals should know that:
  - Sliding fee discounts at a health center will never be considered in a public charge test.
  - “Emergency Medicaid” (see question below) will never be considered in a public charge test.
  - While regular Medicaid will generally be considered in a public charge test, on March 14, 2020, the US Customs and Immigration Service (USCIS) [announced](#) that Medicaid coverage for services related to COVID-19 (prevention, testing, or treatment) will not be considered in a public charge test.

**2) What is “Emergency Medicaid”? Will it count in a public charge test?**

Emergency Medicaid is Medicaid coverage for “emergency” services that is provided to individuals who would otherwise have qualified for regular Medicaid except for their immigration status. For example, persons with Temporary Protected Status (TPS), DACA recipients, and persons without documentation are ineligible for regular Medicaid. However, if they meet all other Medicaid eligibility requirements (e.g., income and assets) they are eligible for “emergency Medicaid.”

The public charge rule explicitly states that Emergency Medicaid will not be considered in public charge tests.

**3) How does Emergency Medicaid define “emergency services”?**

An emergency means the sudden onset of a medical condition, including labor and delivery, which shows acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:

- Serious jeopardy to the patient’s health;
- Serious impairment to bodily functions; or
- Serious dysfunction of a bodily organ or part.

**4) We have an immigrant patient who is eligible for regular Medicaid, and plans to apply for a Green Card soon. She is concerned that enrolling in Medicaid to cover her COVID-19 testing and treatment could negatively impact her public charge test. What should we tell her?**

As long as she limits her Medicaid use to services related to the prevention, testing, and treatment of COVID-19, the USCIS has stated that this use of Medicaid will not negatively impact her public charge test. Also, public charge tests do not consider the use of Medicaid and other public benefits that fall below a certain threshold (e.g., 12 months, certain dollar amounts.) If the patient chooses to remain on Medicaid after completing COVID-19 treatment, she should review the public charge rule, including the range of factors considered and the minimum thresholds for use of public benefits that would be considered.