BILLING GUIDANCE FOR COVID-19 TESTING IN LONG-TERM CARE FACILITIES
Applicable to both nursing homes and assisted living facilities.

December 22, 2020

On May 27, 2020, the New Mexico Department of Health's Division of Health Improvement ("DHI") mandated testing for SARS-CoV-2 ("COVID-19") in all long-term care facilities ("LTC") in New Mexico, which includes Nursing Homes and Assisted Living Facilities. That directive remains in place. This directive supplements the May 27, 2020 directive to provide additional instructions to ensure that long-term care facilities maximize available resources to pay for such testing.

New Mexico has transitioned to Curative Laboratory, which provides a testing option of:

- Use of either oral swabbing or nasal swabbing, making the testing significantly less invasive than the PCR tests we have been utilizing.
- Additionally, the tests can be self-administered, and the process to track is all automated.
- Testing does not require a licensed medical provider to administer or be present during testing.
- The testing turnaround times are up to 48 hours.
- The testing is picked up and shipped using UPS parcel services.

This should allow facilities to follow the testing guidance required by CMS and New Mexico. To the extent the federal government imposes additional requirements, facilities must comply with those and be subject to potential penalties and effects to licensure for noncompliance. The use of Curative Laboratory is required, and the state does not permit the use of a different laboratory.

Compiling Information to Facilitate Billing for Testing to Third-Party Payers

Effective December 14, 2020, DHI directed LTC facilities to provide insurance information. This directive provides supplemental direction to facilities regarding providing adequate insurance information and logging testing.

- Facilities must compile all information necessary -- to comply with state and federal reporting requirements regarding all COVID-19 testing conducted by them. Facilities must also provide sufficient information about each person receiving a test to to allow Curative to bill third-party payers, including Medicare, Medicaid, private insurers, and employer-sponsored health plans.

- Facilities must track which residents and staff are tested each week and complete all required information on the Curative App. The app allows individuals to be registered with the following information: This information was compiled and sent to Curative.

  - Full Name (first, middle and last)

  - Date of Birth

  - Insurance Information, including:

    - name of insurer

    - member number

    - group number (if applicable).

    - For staff, if your organization is not the subscriber for the insurance, you must provide the subscriber name and ID number

  - State if the individual is uninsured. Do not write "N/A"; please write "uninsured."

  - Whether the individual is a resident or staff person

- *Provide the date the sample was collected.*

- Once a person is registered in the Curative App, you will always have access to their "account" in order to schedule testing.

- Testing results will be sent to the Administrator. The turnaround time for receiving test results is approximately 24-48 hours. Test results can be obtained from the Curative App. Please ensure you are able to access this portal. **If someone becomes symptomatic during this time frame follow the guidance for POC testing, and isolation precautions.**

- Any positive cases should be immediately reported to DHI, Epidemiology and Response Division, and if a positive staff to the New Mexico Environment Department.

- Each facility must ensure that any new staff or residents are immediately signed up in the Curative App and those individuals are incorporated into the testing schedule.

Facilitating Enrollment in Medicaid Program to Cover Testing Costs for the Uninsured for Residents or Staff who do not have Insurance.

The Medical Assistance Division of the New Mexico Human Services Department, which runs NM's Medicaid Program (MAD), has established a program to cover the cost of COVID-19 diagnostic testing and testing-related services provided to uninsured individuals as authorized through the Families First Coronavirus Response Act (FFCRA). This coverage includes both the administration of testing and testing-related services and the associated medical visit at no cost to the patient. Uninsured individuals include those not otherwise Medicare or Medicaid-eligible and not covered by group or individual private insurance or another federal health program.

The Medical Assistance Division will assist in enrolling any uninsured residents or staff in the program. Facilities may assist staff and residents to enroll in this program and can find an application [here](#).

Penalties for Noncompliance

Failure to comply with the testing requirements stated in this correspondence may be considered neglect of a patient/client/resident and may be considered grounds for revocation or suspension of a license pursuant to NMAC 7.9.2.18.G. Additionally, a facility found to be in noncompliance may be assessed civil monetary penalties under 7.1.8 NMAC.