



State of Wisconsin Testing Framework

June-December 2020



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

P-02709 (06/2020)

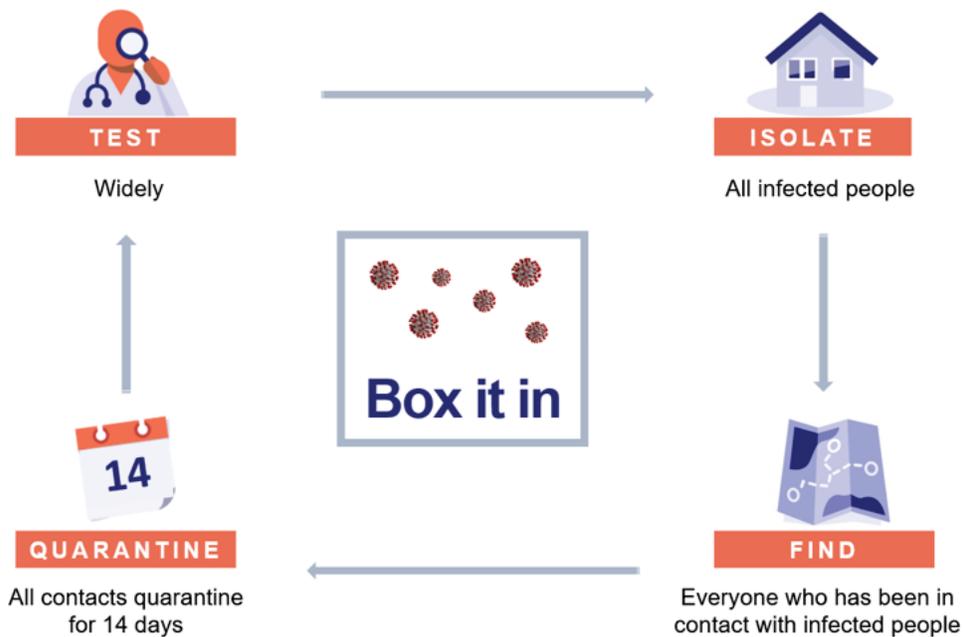
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COVID-19 remains highly contagious and continues to spread across Wisconsin. The higher the burden of disease for COVID-19 in our communities, the more loss we experience. Premature loss of life is the most extreme, but the disease creates other collateral damage as well, such as its impacts on education for our children, household income, and the positive benefits of social interaction. Containing the virus is critical for the health and safety of Wisconsinites and the goal is to adopt strategies that reduce illness, suffering, and death; ensure containment approaches are equitable; support community resilience; and increase economic well-being in the short and long term.

The state’s response to the COVID-19 pandemic aims to reduce harm and contain the spread of the disease. Harm reduction is achieved by encouraging behaviors that reduce risk for spreading infection, including limiting contact with individuals outside of one’s home, maintaining at least 6 feet of physical distance from others, washing hands frequently for 20 seconds using soap and water or hand sanitizer, wearing masks when outside of one’s home, and reducing exposure through remote work and other arrangements whenever possible.

The state’s containment strategy, known as “Box it in” focuses on supporting and sustaining local capacity for testing, tracing, isolation, and quarantine. Testing and contact tracing are vital to identify where further isolation and quarantine efforts are needed.



While we adhere to these epidemiologic principles, this moment makes clear that every person’s health is intertwined with the wellbeing of our fellow community members, and we are only as safe as those who are at most risk. We know that when we ensure that all Wisconsinites can follow these recommendations safely, we all do better. When we take care of each other, we thrive together.

Purpose

This document is intended to support local and tribal public health leaders and health care partners as they develop equitable testing plans that engage their local partners, consider local assets and needs, and serve those at highest risk for infection, regardless of ability to pay. It provides a framework for state and local planning that focuses on the following key elements:

- Testing priorities
- Testing goals
- Laboratory capacity
- State and local responsibilities for testing accessibility
- Resources to support testing
- Measurement

We all have a role in ensuring that Wisconsin successfully contains COVID-19, and state and local leaders are working together to make testing available and accessible. Because COVID-19 has disproportionately affected people of color, older adults, people with underlying health conditions, and people who work in congregate settings, testing strategies must focus on those who are most at risk.

We depend on each other to thrive, and we know that Wisconsinites who are less able to advocate for their needs, or who feel unheard when they do, are the most likely to be the people who provide the care and support we all need. For example:

- In the agriculture sector, immigrants who are undocumented account for 50 percent of all hired crop workers, making them a critical reason why the industry is able to thrive¹.
- Nearly 6 in 10 (58%) of long-term care workers earned less than \$30,000 in 2018².
- Among home health workers, 1 in 6 (16%) are uninsured, one fourth (25%) have Medicaid coverage, and fewer than half (43%) have employment-based coverage (either through their own job or as a dependent)².

¹New American Economy <http://research.newamericaneconomy.org/wp-content/uploads/2017/02/nae-wi-report.pdf>

²Kaiser Foundation. COVID-19 and Workers at Risk: Examining the Long-term Care Workforce

To successfully contain this disease, our strategies must recognize and provide support to meet the needs of all Wisconsinites. In particular, these strategies must address barriers for individuals who are at risk of losing income or the security of their job as a result of a positive COVID-19 test.

Effective testing requires sufficient systems and staff, including specimen collection and testing supplies, trained personnel, protective equipment, funding and finances. It requires the public's understanding of the purpose of testing and the willingness to be tested. All of this helps contain the spread of COVID-19 by enabling timely identification of positive cases and contact tracing. Paired with the public's understanding and ability to follow isolation and quarantine recommendations, they help protect their family and friends from disease when they are ill or exposed to someone who has COVID-19. Further resources and supports are needed to successfully contain the spread of this disease across Wisconsin. This document focuses on the systems, staff and other resources required for testing.

Wisconsin's testing framework focuses on building a strong and sustainable testing infrastructure to assure that everyone who needs a test gets a test, based on the criteria contained in this document. These criteria prioritize testing in ways to achieve the goals of containing the spread of COVID-19 and reducing death rates from this disease by focusing on those most likely to have COVID-19 and those most vulnerable if they contract the disease. The testing targets included below represent an approximation of the numbers of tests necessary to achieve these goals and can also provide a reference for local response.

It is important to note that many organizations and individuals may have motivations for wanting access to testing that are outside the scope of public health containment strategies. In the face of a pandemic, it is understandable that many people want to know their disease status; however, in a world where testing supply is limited, the state testing framework addresses the highest priorities for available testing capacity and the focus of state resources allocation.

In this work to provide testing to individuals who need it, diversification of our testing resources will create a sustainable infrastructure that meets Wisconsin's needs in the short term and long term. This includes the ability to respond to significant increases in the burden of disease and the financial capabilities to pay for testing. While the state has identified resources to support testing for some of the identified priority populations, health insurance remains a critical resource for the majority of COVID-19 tests. Further information about state resources and insurance are found later in this document.

Testing Priorities

The State of Wisconsin's Testing Framework aims to create a sustainable system in which every individual who needs a test can get a test. Testing for the presence of COVID-19 is critical for four reasons:

- Testing can confirm a clinical diagnosis in symptomatic individuals to inform appropriate treatment and preventive measures to contain further spread.
- Testing individuals who have been exposed to COVID-19 supports the rapid detection, isolation, and management of suspected cases.
- Testing can detect and contain outbreaks generally and especially among vulnerable populations.
- Testing helps to monitor long-term epidemiological trends.

Who Needs a Test?

Widespread testing and contact tracing is most effective when done at levels that identify disease transmission and trends, and encourages isolation and quarantine to reduce disease spread in the community. The overall testing strategy must take into account available testing capacity and resources which are currently insufficient to achieve the ideal level of COVID-19 testing. Therefore, the State of Wisconsin recommends testing populations and settings where disease identification is most likely to promote proper and timely intervention to limit the spread of COVID-19, with a particular focus on those most vulnerable to serious consequences of the disease.

The following table outlines recommendations for who should receive COVID-19 testing in Wisconsin:

Table 1: COVID-19 Testing Recommendations

Wisconsin residents are recommended to receive COVID-19 testing if they fall into any of the three categories:	
Symptomatic People	Asymptomatic People
<p>1. Have recently developed any one or more of the following symptoms:</p> <ul style="list-style-type: none"> • Fever, defined as a measured temperature greater than 100.4°F • Subjective fever, for example if a person feels unusually warm to the touch, or reports sensations similar to previous experiences of fever • Cough • Shortness of breath or difficulty breathing • Sore throat • Headache • Chills or rigors (repetitive shaking chills) • Myalgia (muscle aches) • New loss of taste or smell • Nausea, vomiting, or diarrhea • Nasal congestion or runny nose 	<p>2. People who have been in close contact of a person with COVID-19, regardless of symptoms</p>
	<p>3. Have been instructed by a public health agency to get a COVID-19 test as part of a public health investigation, regardless of symptoms.</p> <p>Scenarios in which public health agencies may recommend testing for asymptomatic people include the following:</p> <ul style="list-style-type: none"> 3.1 Investigation of outbreaks, such as multiple cases in a workplace, residential facility or correctional facility 3.2 Testing all residents and staff in high-risk congregate facilities to prevent or contain outbreaks 3.3 When testing is needed to contain an epidemic in a community with high-level transmission, <i>and</i> resources are sufficient for appropriate follow-up and case investigation, as determined in partnership with state and local health officials[†]
	<p>4. People who have been instructed by a health care provider to get a COVID-19 test for the purpose of infection control, regardless of symptoms.</p> <p>Scenarios in which health care providers may recommend testing for asymptomatic people include the following:</p> <ul style="list-style-type: none"> 4.1 As part of a test-based strategy to inform return-to-work decisions for individuals diagnosed with COVID-19 4.2 Outbreak investigations in health care settings, to understand prevalence among staff and patients 4.3 Screening before aerosol generating procedures, such as endoscopy, dentistry, or procedures requiring intubation

[†]Considerations for when routine testing of asymptomatic community members is appropriate may be based on a combination of factors, including high percent test positivity, the presence of multiple unrelated transmission clusters, the availability of laboratory capacity with acceptable turnaround time, and a data infrastructure in the local jurisdiction to ensure timely communication of test results.

Any individual who is experiencing any one or more symptom needs a test. Testing is provided by a healthcare professional in a clinic, urgent care, emergency room, or hospital. Testing may also be available in additional settings that reduce barriers to getting a test, including a pharmacy or community testing site (e.g., drive-thru, walk-up, mobile, or other temporary sites). It is recommended that these sites are consistently and reliably available, with hours and locations that are widely promoted and convenient to the public, and where PPE-reducing isolation and prevention measures help ensure the safety of health care workers and the individuals who need a test.

A public health official may instruct individuals to get a test to further prevent the spread of infection, even if they are not experiencing symptoms. Testing is provided for individuals who are closely connected to someone who tested positive for COVID-19, who live in an area where community spread is present, or who live or work in an area or facility with an outbreak. Testing may be provided by a healthcare professional in a variety of locations including a clinic, urgent care, emergency room, and hospital. Testing may also be available in additional settings that reduce barriers to getting a test, including a pharmacy, community testing site, or the facility with an outbreak.

A health care provider may instruct an individual to get a test to quickly identify and contain COVID-19 in congregate living settings, even if they are not experiencing symptoms. Proactive infection prevention measures are critical for ensuring the safety of those individuals who live and work in congregate living settings to reduce transmission and prevent serious illness. High-risk settings include long-term care facilities, correctional facilities, homeless shelters, and migrant worker camps. Testing in these settings is encouraged for residents who are experiencing symptoms, who are transferred for care, and who are newly admitted to the facility. Testing may also include routine testing of staff to prevent or contain an outbreak and protect the resident population, who is at higher risk for spread and complications from COVID-19. Testing may be provided by a healthcare professional in a clinic, urgent care, emergency room, hospital, pharmacy, community testing site, or in the congregate living facility.

At this time, DHS is not recommending testing for the following people who do NOT have symptoms of COVID-19 except where there is an outbreak. DHS acknowledges that individuals and organizations have valid motivation for testing, but the state does not currently have the capacity for diagnostic testing in these settings. These individuals and organizations are encouraged to seek alternate testing capabilities to meet their needs.

- Attendees and caregivers in daycares
- Attendees and counselors in camps
- Students, teachers, and staff in K-12 schools
- Students, faculty, and staff in universities
- Communities with limited spread of COVID-19
- Employees of businesses (other than those noted in Table 1)
- Employees, volunteers, or members in places of worship
- Athletes

Local health departments and their partners should ensure that testing is widely available to members of the public who meet the testing criteria and priorities. Testing strategies should

reduce barriers for individuals who need testing, increase access to safe and effective testing, and reduce PPE consumption.

Accessible testing extends beyond whether individuals are able to get to a testing location. It also means individuals have access to clear, culturally and linguistically appropriate verbal and written patient education at time of swabbing, including isolation instructions for patients experiencing symptoms. Accessible testing means ensuring that results are available in a timely manner and accompanied by information about what the results mean. Effective and accessible testing and containment efforts ensure effective, culturally and linguistically appropriate verbal and written education and connection to medical care, isolation resources, and other supports for patients who test positive.

Planning and delivering equitable testing will require careful consideration of groups that may be disproportionately affected by COVID-19 or who are at a higher risk for more severe outcomes from the virus. Local health departments and health care providers should reduce barriers for:

- People who are older than 65 years old
- People of color
- People living with physical disabilities
- People experiencing homelessness
- People who are working without documentation
- People who are refugees
- People with medically complex health conditions
- People who experience cultural or linguistic disadvantages
- People and families with low-income
- People with functional and access needs (e.g., transportation, information, proximity to resources, etc.)
- People with limited access to and/or trust in health care services

Within these priorities, testing will vary between communities and settings, and each community will have different needs and response plans that change over time. The key characteristics, experiences, and resources available in each community will indicate the level of testing required to contain the spread of the virus. The following considerations will further indicate the risks present in the community and the need for testing to help identify and contain the spread of illness as a result of these risks:

- Key local characteristics, assets, and needs
- COVID-19 rate of community transmission
- Existing health care and community partners
- Vulnerable and high-risk populations
- Congregate living settings
- Occupational/workplace settings
- K-12/Post-Secondary settings

Every individual has the right to consent to testing and it is necessary that Wisconsinites do not feel coerced. The following are recommendations to ensure that people being tested have the appropriate information to decide and choose whether to be tested:

- Ensure access to effective, culturally and linguistically appropriate verbal and written information. It is best practice to use a variety of communication techniques and channels (including verbal, visual or posters, written, radio, social media and messaging apps or community-specific social media groups). This can include resources that describe:
 - What is COVID-19?
 - What can you expect from the testing process?
 - What is the local containment strategy? Describe the testing process, tracing process, follow-up, isolation and quarantine. Be explicit that this process has no relation to immigration status, pending charges, overdue fines/fees/child support, etc.
- Do not assume that all Wisconsinites have a trusting relationship with employers or governmental entities.
 - Recognize the increased fear and anxiety that a worker may experience following a positive test result - exercise empathy and offer additional proactive communications, patience, and responsive support.
 - Beyond translation, consider information that may be critical for people who are undocumented. For example, identify when citizenship or permanent residency is not required, describe how personal information will be shared or not shared, etc.
 - Do not ask for personal identification or social security numbers when it is not absolutely required.

How are Test Results Available?

COVID-19 is a Category I disease and considered to have significant public health impact. Any confirmed or suspected cases must be reported immediately to the patient's local health officer or their designee and electronically through the [Wisconsin Electronic Disease Surveillance System \(WEDSS\)](#). WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. This makes it possible to conduct timely contact tracing after identifying a positive test.

All organizations that conduct testing are required to collect and submit test results and all of the elements contained on the [Wisconsin Patient Information Form](#). It is most important to verify the patient's contact information including telephone number, back-up telephone number, address, and email address to facilitate timely communication for test results and contact tracing. Ideally, results would be available to local public health officials within 24 hours of positive test result.

To enhance data collection and engage individuals in reporting their contacts earlier in the disease process, the state is piloting a secure Microsoft Dynamics tool with functions that improve the process for more quickly contacting individuals with their test results and notifying their close contacts about exposure to COVID-19. This tool also facilitates reporting to WEDSS and is being piloted at community testing sites run by the Wisconsin National Guard (WING). It may become more widely available following these pilot sites.

By submitting data to WEDSS, health care providers can also access their patients' COVID-19 test results using the report available in the state's [Public Health Analysis Visualization and Reporting \(PHAVR\) web portal](#). Results may also be available through interoperability mechanisms in the electronic health record. For example, health care providers who are using Epic can conduct a CareEverywhere query to connect their patients' COVID-19 test results. Health care providers are encouraged to contact their electronic health record vendor for interoperability instructions.

Testing Goals

Estimates of Wisconsin's testing needs are informed by national models that predict the prevalence of symptomatic individuals as well as the presence of congregate and high-risk settings. To set a reasonable goal that meets this need, demand for testing and the capacity of the testing system is also considered. As a result of anticipated increase in illness and capacity in the future, as well as the dynamic nature of COVID-19 disease spread, the testing goals will be adjusted over time.

Testing Estimates

National models and estimates show a significant range of recommendations for testing in the U.S., with estimates ranging from 1-10 million tests per day or 7-70 million tests per week needed to effectively contain the virus ([Harvard report by Siddarth & Weyl, 2020](#)). The U.S. Department of Health & Human Services set a testing goal of two percent of the state's population each month.

The State of Wisconsin uses two national models to anticipate testing needs for symptomatic individuals and their close contacts: Harvard Global Health Institute ([HGHI](#)) and Youyang Gu ([covid19-projections.com](#) or [YYG](#)). The number of symptomatic COVID-19 cases is determined based on deaths, is proportional to the number of symptomatic COVID-19 cases, and is further informed by the expected number of acute respiratory infections. Because the presence of symptoms and rate of death changes significantly and for a variety of reasons, these models project for a fairly short duration with strong accuracy (currently through August 2020). The upper 95% confidence bound informs Wisconsin's testing needs through the rest of the year, though there is less confidence in the accuracy of these longer-term estimates. These estimates are described in Table 2 and will be updated as the case burden changes.

Testing should also be available in settings experiencing outbreaks. The estimates below are calculated using the weekly testing rates to date when the state Department of Health Services has provided support. These estimates will be updated as the case burden changes.

Table 2: Wisconsin’s Testing Prioritized Estimates for Individuals Most At-Risk

Population	Prioritized Weekly Wisconsin Testing Estimates						
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Symptomatic¹	38,000	46,000	48,000	54,000	64,000	63,000	62,000
Close Contacts of Positives¹	67,000	96,000	96,000	112,000	134,000	134,000	134,000
Outbreaks²	4,000	4,000	4,000	4,000	4,000	4,000	4,000
Prioritized High-Risk Congregate Settings³	42,684	42,684	42,684	42,684	42,684	42,684	42,684
Total tests per week	151,684	188,684	190,684	212,684	244,684	243,684	242,684

¹Estimates of symptomatic and close contact individuals. September-December 2020 estimate changes to the 95% upper bound, with less confidence than June-August estimates. Data and confidence will be updated based on actual case burden and deaths.

² Based on tests for outbreaks per week to date. Will likely increase in correlation with case burden.

³ Table 3, below: Statewide Population Estimates for Individuals Living and Working in High-Risk Settings.

Testing Estimates for Individuals at High Risk in Congregate Settings

Individuals who live and work in high-risk congregate living facilities are most at risk for spreading infection and developing complications from COVID-19. At a minimum, all staff in skilled nursing facilities (SNF) should receive routine testing every two weeks. All skilled nursing facility residents should be tested when they have symptoms and when they are admitted or transfer into the facility. This includes testing for the individuals who are living in high-risk congregate settings and whose health and well-being have been entrusted to the State of Wisconsin. Testing will be available to individuals who work and live in facilities run by the Departments of Health Services, Veterans Affairs, and Corrections. Table 3 estimates testing every other week for staff in SNFs and state agencies and for ten percent of residents who may meet the above criteria each week.

Individuals who live or work in high-risk congregate living facilities, including shelters (including homeless shelters), assisted living facilities, and jails should have access to testing. Testing is recommended when individuals have symptoms or are close contacts to someone who tests positive. More frequent testing may be appropriate where there is a higher burden of disease in the community and when testing resources are available.

Testing is appropriate and recommended in other high-risk settings. Individuals who are migrant workers or who live in worker housing should have access to testing. Testing is recommended when migrant workers arrive to the worksite or housing. In Table 3, these needs are estimated as 5% of workers who may need a test each week.

Table 3: Wisconsin’s Testing Estimates for Individuals in High-Risk Congregate Settings

High-Risk Population for Testing	Total Residents	Total Workers	Total Weekly Testing Estimate
Settings where routine retesting for staff is recommended every two weeks			
Skilled Nursing Facilities, including Department of Veterans Affairs	21,912 ±	63,800 ±	34,091
Department of Health Services Facilities	1,430	4,000	2,143
Department of Corrections Facilities	22,000	7,500	5,950
High-Risk Settings where symptoms-based testing is recommended			
Assisted Living Facilities: CBRF	33,764 ±	102,000 ±	(See Table 2— symptomatic and close contacts)
Assisted Living Facilities: Adult Family Home	8,088 ±	24,000 ±	
Jails	12,000	6,000	
Other High-Risk Living Settings where routine retesting is not recommended			
Migrant workers		6,000	300
Worker housing		4,000	200
Homeless shelters*	4,514	-	(See Table 2— symptomatic and close contacts)
Total	103,708	217,300	42,684

± Estimates based on licensed beds: <https://www.dhs.wisconsin.gov/guide/nursing-home.htm>. Includes OES estimations for Nursing and Residential Care Facilities occupations and Nursing Care Facilities occupations.

*Estimates from National Alliance to End Homelessness where 92% of persons experiencing homelessness were living in shelters, 2019: <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/wisconsin/>

Wisconsin’s Testing Goal

Testing is a key component of the state’s containment strategy. The goal is to build a strong and sustainable infrastructure that can provide a test to the individuals who need tests, including adequate capacity to meet these needs when the rate of respiratory illness increases.

The statewide goal prioritizes testing for individuals who have symptoms of COVID-19. Where resources allow testing beyond symptomatic individuals, testing will be prioritized for individuals who are close contacts of positive COVID-19 cases, connected to community or facility outbreaks, or who live or work in high-risk congregate settings. Estimates are provided for individuals in each of these populations (see Table 2) to inform the statewide goal and are tempered by the limitations of our testing capacity.

Table 4: Wisconsin’s Testing Goals

	Testing Estimates						
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Total need for prioritized populations per week (per Table 2)	151,684	188,684	190,684	212,684	244,684	243,684	242,684
Testing Capacity Goal¹	123,676	136,044	149,648	164,613	181,074	199,181	219,100
Anticipated Testing Demand²	75,000	82,500	90,750	108,900	130,680	156,816	188,179

¹Current capacity in June, 2020. Goal is to increase capacity by 10% per month.

²Demand is likely to remain flat or grow slowly over the summer months (estimated at 10% per month from June -Aug) and grow more rapidly in the fall with the beginning of school and onset of respiratory illness (estimated at 20% per month from Sep-Dec).

The state exceeded its original testing capacity goal of 85,000 tests per week with a current capacity of 123,676 tests per week. Current utilization is 75,000 tests per week, or 61% of current capacity, but only 49% of the documented need for priority populations. While it is likely we will see weaker demand for testing in the summer months, we anticipate higher demand in the fall when respiratory illness increases. Therefore, we have increased the testing capacity goal for each month, by ten percent to provide adequate supply of tests to meet the anticipated increase in demand throughout the remainder of the year. This statewide goal will continue to be adapted to the rate of illness, confirmed positive cases, and testing capabilities.

As we either exceed these capacity goals or see lower than anticipated testing demand, we encourage more frequent testing in the high-risk settings (such as Assisted Living Facilities) described above.

Lab and Specimen Collection Capacity

The alarming shortage of testing supplies in the early stages of Wisconsin’s pandemic response necessitated aggressive purchases of testing supplies and laboratory diagnostic capabilities. The purpose of this aggressive procurement strategy was to quickly expand the state’s ability to diagnose and care for individuals with COVID-19 and increase access to testing as a key element of the containment strategy.

Largely through the collaboration of laboratory partners, Wisconsin significantly expanded testing and laboratory capacity. In early March, there were **no** Wisconsin laboratories conducting COVID-19 testing. A month into the pandemic response, 24 labs were conducting testing with a total daily capacity of 3,888 tests. Three months into the response, 68 laboratories across Wisconsin are now able to conduct a total daily capacity of 17,668 tests and more laboratories plan to add testing in the future. This capacity exceeds the state’s baseline testing goal of 85,000 tests per week, which was established in mid-April. Moreover, nearly 75,000 individuals were tested each week from June 1 -14, 2020.

Table 5: COVID-19 lab capacity over time (March 1-June 15, 2020)

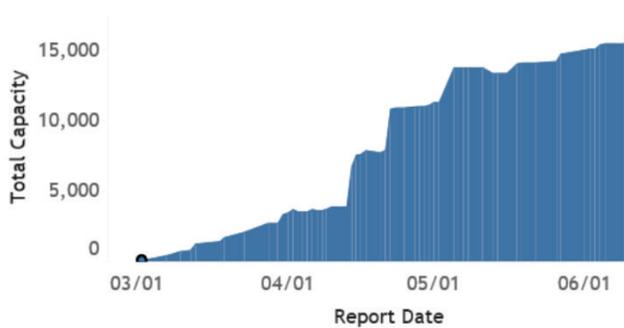
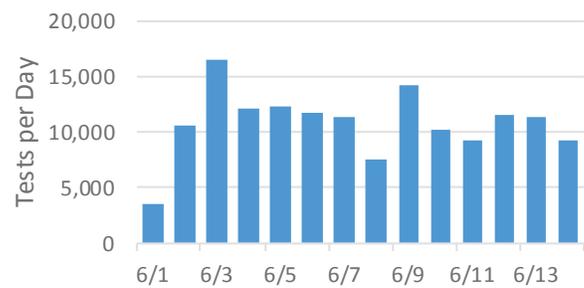


Table 6: COVID-19 test results per day (14 days, June 1 – June 14, 2020)



To help build this capacity, the State of Wisconsin contracted with vendors to provide supplies and services to supplement existing specimen collection, testing, and laboratory resources across the state. With these procurements, Wisconsin laboratories and manufacturers shifted their service lines to produce new testing resources, resulting in more diverse services and supplies, reduced pressure on high-demand resources, and substantially expanded the availability of testing and laboratory capacity.

Increased specimen collection supplies and laboratory capacity also provided increased opportunity for testing. In April, the Department of Health Services issued new guidance to health care providers, encouraging them to provide COVID-19 testing for all individuals who are symptomatic, even patients with mild symptoms. Since mid-April, the Wisconsin National Guard (WING) has conducted nearly 200 missions and collected more than 145,000 specimens in outbreak and community-based settings. In May, the State of Wisconsin recommended testing for all residents and staff in skilled nursing facilities and provided testing supplies to accomplish this goal. Likewise, the Department of Corrections is currently working with WING to test all inmates and staff at the state’s correctional facilities.

These efforts represent incredible progress toward the goal. However, testing in Wisconsin must continue to expand if we are to effectively contain the spread of COVID-19.

Laboratory Resources

The State of Wisconsin is invested in and supports the resources necessary to conduct effective and efficient diagnostic testing. Molecular testing (also known as Polymerase Chain Reaction or PCR) is the primary diagnostic tool and can be used both in high-throughput settings and at the point of care. Molecular Testing is used by public health labs, commercial labs, clinical labs, and

at the point of care. These highly sensitive and specific tests are the gold standard in COVID-19 diagnostic testing. They detect virus in swabs and other respiratory samples even before symptoms start. For this reason, diagnostic testing is the foundation for Wisconsin's testing response.

Tests are available from a variety of laboratories across the state, including public health labs, commercial labs, and clinical labs, as well as from national reference labs.

- Public health labs provide testing for outbreaks and underserved populations, including health care and essential workers, nursing homes and other congregate settings, outbreaks, and those who can't afford testing elsewhere. Public health labs also act as technical consultants for labs looking to do COVID-19 testing. There are two public health labs in Wisconsin: the [Wisconsin State Lab of Hygiene](#) and the [Milwaukee Health Department Laboratory](#).
- Commercial labs have an important role as high-volume testing sites. They can simultaneously process many samples from patients all over Wisconsin and from community test sites. This high-throughput testing is needed to reach everyone who needs a test. There are currently four commercial labs providing COVID-19 testing in Wisconsin, as well as many national reference labs where Wisconsin residents' specimens may be tested. These commercial labs are listed on the [Wisconsin State Lab of Hygiene website](#) and include Coppe Laboratories, Exact Sciences, Midwest Respiratory Virus Program, and Wisconsin Diagnostics Laboratories.
- Clinical labs provide rapid testing for their patients. Their proximity allows for faster results than other laboratories. This testing also closely connects patients to medical follow-up. There are currently more than 60 clinical labs that are conducting COVID-19 testing in Wisconsin.
- Point of Care testing is available at limited locations and can provide results in an hour or less. These rapid results can inform infection control practices to reduce the risk of spread of the virus. This testing is often coordinated through a larger clinical lab. Many of these rapid tests require confirmatory testing by another method and are not yet ready for broad clinical use.

Testing fees and payment arrangements vary with each laboratory. The public laboratories provide fee-exempt testing for outbreaks throughout the state and this service continues to be available, where appropriate. Other laboratories may also provide fee-exempt testing for populations and settings that align with the priorities discussed above. All of these laboratories provide testing for health care providers through traditional payor arrangements. The State of Wisconsin encourages the use of every resource available to make testing available to individuals who need testing.

Testing Innovation and Surveillance Research

The State of Wisconsin and its laboratory and clinical partners continue to invest in, assess, and evolve their approaches, sophistication and maturity of testing models to understand COVID-19 and contain its spread through our communities. These evolving surveillance methods, including serology testing and next generation sequencing, are not yet ready for broad use.

Serology Testing can help determine whether people have been infected in the past, identify plasma donors for treatment, and assess vaccine candidates. The state is partnering with the Survey of the Health of Wisconsin (SHOW) to conduct a population-based serological surveillance COVID-19 project to determine the proportion of Wisconsin residents who have been infected.

Next Generation Sequencing evaluates the genetic sequence of the virus. This information can be used to recognize outbreaks and to trace back to a common source. This helps epidemiologists prioritize resources and contain outbreaks faster. This work is being developed at the WSLH, a regional sequencing reference center.

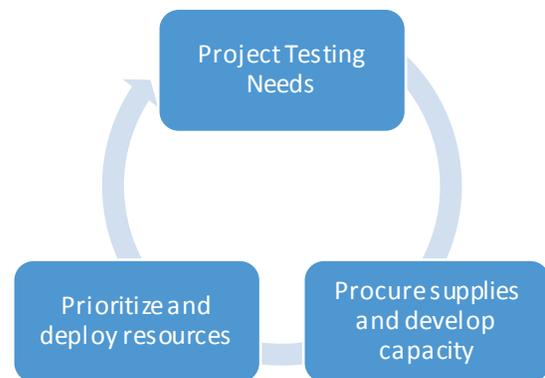
State and Local Responsibilities

No one organization or sector owns the responsibility for containing COVID-19. However, all stakeholders have unique roles and responsibilities in the testing mission and are critical to the state’s success in its containment strategy. Wisconsin’s COVID-19 response requires the talents and resources of partners across the state, stepping into traditional and innovative roles to meet the increased demand for testing and health care services.

Well-informed and well-considered testing strategies, goals, and actions are necessary if testing is to have the intended effects of identifying and containing new COVID-19 infections and safeguarding the wellbeing of our state. For its role, the Department of Health Services will continue to convene stakeholders and advise the state COVID-19 response on the evolution of testing goals and strategies and on data needed to best inform these testing goals.

The current state resource allocation methodology involves a continual cycle of need projection, capacity development and procurement, and prioritization and deployment of resources to provide the greatest impact.

The State of Wisconsin has committed funding, staff, and supplies to expand testing capacity and efforts in a sustainable manner, including contracting for testing services and procuring and disseminating PPE and testing supplies, as needed, to supplement existing local resources. The state and its partners have a responsibility to diversify these resources. While the focus is to provide testing for priority populations, the state cannot fund testing for every individual who needs a test.



The State of Wisconsin will provide testing resources that include:

Strengthening Local Testing Capacity

1. Testing criteria, a prioritization framework, and sector guidance for understanding when testing is an effective, impactful, necessary mechanism for COVID-19 containment.
2. Funding to support local testing planning and operations.

3. Data that informs and supports local planning and activities to conduct testing as a part of the local containment strategy.
4. Implementation guidance for local testing strategies and operations.
5. Communication resources that encourage understanding and action on why, when, where, and how Wisconsin residents can access testing. Public messaging will reflect the importance of testing while emphasizing the shared efforts necessary to achieve the state testing goals.

Testing Capacity and Access

1. As funding permits, testing supplies for high-priority populations, including staff and residents of high-risk congregate settings, outbreaks, and community testing sites.
2. Identifying and supporting an effective health care payment model.
3. Technical support and assistance for implementing effective testing models.

System Support with Local and Tribal Public Health and Health Systems

1. Policy and program improvements to identify and overcome barriers that prevent effective testing and containment.
2. Convene and coordinate with local and tribal public health, health care partners, Healthcare Emergency Readiness Coalitions, and statewide associations to facilitate peer networks, technical assistance, innovations and best practices, and discussion for action.
3. Monitor systems, models, and progress for timeliness, accuracy, quality and outcomes.
4. Technical assistance for improvement processes, innovation, and issue resolution.

Currently, the Wisconsin National Guard (WING) provides support to local testing capacity for specimen collection, and when needed, communication about test results. The WING is a valuable, but temporary solution that has provided immediate, supplemental support to health care and local public health for identifying the spread of COVID-19 in Wisconsin. The state will continue to use WING resources to their fullest extent to provide supplemental testing capacity and to provide training for communities to run their own drive-thru/walk-up testing sites until their demobilization date. These services aim to continue to strengthen the testing capabilities throughout the state and extend WING's impact on testing capacity. The WING has been a tremendous asset to Wisconsin's COVID-19 response.

The WING provided testing in a variety of settings, including outbreaks, high-risk congregate living, and community testing. They helped build and pilot drive-thru and walk-up testing processes that have been replicated and adapted to meet local needs. The following are recommendations for local communities to enhance equity at community-based testing sites:

- Carefully consider testing locations.
 - Is it a space that is trusted by the community?
 - Is it accessible to community members? (Considerations may include people with disabilities, language and/or cultural considerations, proof of identification or residency requirements.)
 - What can you do to alleviate barriers people may face to access (e.g., transportation vouchers, extended hours, etc.)?
- Establishing a safe and accessible testing environment.
 - Do people feel safe entering a test site?

- Do staff and testers appear welcoming?
- Have community members been made aware of PPE worn by testing staff?
- Is the National Guard or law enforcement in uniform? The presence of law enforcement, military, or similar authority figures may inhibit individuals from pursuing testing. Communities may request that the National Guard dress in plain clothes or scrubs.
- Do you have interpreters/translation available on site?

Wisconsin needs to act quickly and purposefully to build and strengthen its testing resources and capabilities. The state provided funding and supplemental support to local and tribal public health and health care providers to expand testing capacity and increase testing rates. DHS is calling on these partners to identify and meet the needs of their communities through traditional and innovative roles, responsibilities, and methods. In the event that further support for local capacity is required following WING's service, and pending adequate funding, the state will consider enacting WING State Active Duty to meet that short-term need.

Local health departments have been funded to serve as the conveners for multi-stakeholder planning processes. Local testing approaches may include a single jurisdiction or collaborative, regional efforts. Local testing plans should incorporate the priorities articulated in this testing framework, align with the state's efforts to maximize testing among priority populations in Wisconsin, and outline strategies to expand the use of health insurance payments. Key partners in a sustainable local testing plan include health care systems and providers, human services agencies, employers, skilled nursing and assisted living providers, county emergency managers, emergency medical services providers, county jails, and business leaders (e.g., Chambers of Commerce, Rotary).

Local health departments are also responsible for disease surveillance, outbreak investigations, and contact tracing to support COVID-19 containment. They provide extensive consultation to their partners on COVID-19, advise DHS on policies, and serve as trusted sources of information to their community.

Resources to support testing

At the beginning of this response, the State of Wisconsin had no testing capacity and so focused on developing and maximizing any resources available. The state set an initial target to conduct 85,000 tests per week and a strategy to allocate resources across prioritized areas where testing was most urgent and necessary. Having exceeded this initial testing capacity target, the state is evaluating current and projected capacity against the anticipated needs to support the COVID-19 pandemic response. Testing needs are expected to increase throughout the fall and winter, and as a result, the state continues to support expanded testing capacity while simultaneously providing prioritization guidelines for effective containment.

The state is committed to supporting testing in Wisconsin and supplementing other available resources by continuing to provide the following resources. This will collectively ensure that any individual who needs a test can get a test.

- Testing supplies and diagnostics to expand Wisconsin's testing capacity and help the market achieve its needed strength and eliminate the need for testing prioritization. These are

supplemental resources to be used to meet the state’s public health testing priorities and are not meant to replace testing diagnostic capacity that is provided by health care payors. Testing supplies are available to health care systems, skilled nursing facilities, congregate living sites, local public health, and others across the state. Testing collection supplies are available from this website: <https://covid19supplies.wi.gov/>. State and local health care partners must continue efforts to identify additional funding mechanisms to maximize testing capacity.

- The Wisconsin National Guard to provide specimen collection, specimen transport for community testing, workplace and outbreak testing, and supplemental health care and local public health activities to communicate test results to individuals who receive a test in any of these settings. These services are available through early August and are accessed through a Request for Assistance submitted by county or tribal emergency managers.
- Funding to support local contact tracing staff to quickly notify and help individuals safely isolate and quarantine after a positive test. This should happen within 24 hours of receiving the test result. In addition, the state provides surge support for contact tracing when local communities experience high levels of disease burden.
- Funding to local health departments to support development of local testing strategies and contact tracing. Trusted members of the community should provide testing follow up and contact tracing.
- Reimbursement Pilots (Coming Soon). The funds are intended to assist local communities in building provider systems for community testing for when the National Guard assets are no longer available. Reimbursement will be available for community-based, occupational, or congregate setting specimen collection for testing.

Funding to support testing

Substantial infrastructure investments are required to test widely, isolate all infected people, find everyone who has been in contact with infected individuals, and quarantine safely for at least 14 days. The Governor’s Office is funding statewide efforts to support COVID-19 testing (\$260 million), contact tracing (\$75 million), supply procurement (\$185 million), emergency surge operations (\$342 million), and resources for local communities throughout Wisconsin (\$200 million). This effort is funded by federal Coronavirus Aid, Relief, and Economic Security (CARES) Act dollars.

Even with this significant funding support, the State of Wisconsin cannot supply all the resources necessary to fully identify and contain COVID-19. Further partnerships and resources are required. The majority of COVID-19 testing should be provided through health insurance payments and local partners should use this funding resource. The CARES Act passed by Congress requires health insurance companies to pay for the following costs directly related to COVID-19 testing:

- Office visit (in-person and telehealth)
- Urgent care visit
- Emergency room visit
- Any office visit during which a provider orders a COVID-19 test
- Handling fees and laboratory costs for processing a COVID-19 test

Insurers are not allowed to require any cost-sharing, copays, or deductibles, prior authorization or medical management for any COVID-19 testing-related services. Insurers are only required to pay the full cost of an office visit during which a test is ordered or performed if the visit pertains specifically to COVID-19 symptoms, exposure, or diagnosis and not for un-related office visits during which a COVID-19 test is ordered or administered.

Testing for COVID-19 is free to those covered by:

- Fully insured or self-funded group health plans
- BadgerCare Plus plans
- Medicare and Medicare Advantage plans
- Non-federal governmental plans
- Church plans
- Individual and group health insurance plans offered through and outside of the federal Marketplace as well as grandfathered and transitional health plans

There are few coverage exceptions. Short-term limited-duration plans may impose deductibles for COVID-19 testing. Excepted benefit plans (e.g., dental-only plans) and group health plans that do not cover at least two current employees (e.g., retiree-only plans) are not required to comply with the FFCRA or CARES Acts.

Patients with BadgerCare Plus or Medicare coverage may be tested for COVID-19 for free. Patients cannot be required to pay any out-of-pocket costs for COVID-19 testing and related services. Patients with Medicare are not required to pay the standard Part B deductible or any coinsurance for this test. Medicare Advantage enrollees cannot be required to pay any out-of-pocket costs for the COVID-19 test or testing-related services. More information on Medicare payments for COVID-19 testing and treatment is available here:

<https://www.kff.org/coronavirus-covid-19/issue-brief/faqs-on-medicare-coverage-and-costs-related-to-covid-19-testing-and-treatment/>

For patients who do not have health insurance, providers should bill Medicare for the cost of COVID-19 testing. Details are available at: <https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions>.

Measurement

Successful testing delivers timely, accurate results and education to an individual in a way that enables them to connect to isolation, contact tracing and quarantine resources. To do this, testing strategies must be rooted in the needs and resources of the local and statewide community. Performance on the following measures help indicate the effectiveness and success of the statewide testing strategy. Local communities will establish additional measures of effectiveness and success based on their plans.

COVID-19 Testing Measures of Success

The State of Wisconsin uses the following measures to determine the success of our testing capacity and to identify readiness for expanded prioritization:

- Laboratory testing capacity is 100% of the weekly goal

- At least 90% of available laboratory capacity is used to test high priority populations each week

COVID-19 Testing Measures of Effectiveness

The following measurements will help determine the effectiveness of testing efforts across the state:

- All patient demographics and health information data (identified on the Patient Information Form) is available in WEDSS at the time of laboratory results receipt
- Lab results are reported to WEDSS within 24 hours
- Patient notification occurs within 24 hours of availability for all positive and negative results
- Contact tracing begins within 24 hours of patient results reporting
- Effective, culturally and linguistically appropriate verbal and written patient education at time of swabbing, including isolation instructions for patients experiencing symptoms
- Effective, culturally and linguistically appropriate verbal and written education and connection to medical care, isolation resources and other supports for patients who test positive

Conclusion

Through ongoing partnership and collaboration, the State of Wisconsin is committed to expanding its capacity to conduct testing for any individual who needs a test. Testing is an essential part of the COVID-19 response plan. When paired with prevention, isolation and quarantine, and contact tracing strategies, it will reduce illness, suffering, and death, supporting an effective long-term strategy to keep Wisconsin families, workers, and employers strong for the duration of the response and into recovery.