

NC DHB Outbreak Facility Payment Process

Technical Assistance Session for ACH/PCS Providers

2/18/2021

Outbreak Payments Available

- Under Special Bulletin #82, nursing homes and adult care homes authorized to receive Outbreak-specific funding adjustment. ACHs also authorized to receive additional hours.
- [SPECIAL BULLETIN COVID-19 #82: Expedited Hardship Advances and Retroactive Targeted Rate Increases for Skilled Nursing Facilities and Adult Care Homes Serving COVID-positive Patients](#)
- Providers claiming enhanced reimbursement due to a COVID-19 Outbreak, must also submit report outlined in this powerpoint to DHB.
- Training first conducted on May 14, 2020

Requirements under Special Bulletin 82

- Special Bulletin 82 makes enhanced rate and additional hours available to facilities billing PCS that are in Outbreak Status and have met the criteria for receiving the enhanced rate and additional hours outlined in Special Bulletin 82.
- Rates and hours apply to all Medicaid residents, not just those who are COVID+
- Outbreak site may bill additional hours if applicable based on limits established Special Bulletin 82
- Rates and hours activate based on confirmed Outbreak. If facility has not reported COVID positive cases to the Local Health Department (LHD), rate/hours will not activate.
- Rates and hours retroactive to first of the month the facility is identified as having an Outbreak.
- Providers claiming enhanced reimbursement due to a COVID-19 Outbreak, must report COVID-Outbreak site status and COVID-positive (COVID+) resident status monthly to DHB.
- At this time, U07.1 code should be present on the claim of any Medicaid COVID + beneficiary .

ADULT CARE HOME COVID OUTBREAK RATE



1st case



2nd case



Each additional case



Other Medicaid residents-not COVID+

Report to LHD

OUTBREAK

ACH increased Outbreak rate applies, once Outbreak established.

Additional Outbreak hours available, as needed, once Outbreak established

Note: rate increase and additional hour availability apply regardless if Outbreak is due to residents or staff.

Note: All COVID related rates are time-limited, subject to funding availability and State of Emergency duration.

NOTE/ASSUMPTIONS: COVID+ Rate duration aligned with appropriate ICD 10 diagnosis,

Outbreak Reporting Process

Managed by
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Public Health

- Facility notifies LHD (through various channels) of newly identified positive case - *typically via phone call*
- LHD notifies DPH when cases meet outbreak criteria (through entry into online survey in Redcap, timelines vary)
- REDCap data used to populate a situation report (“Sit Rep”) feed, which is sent to DHB daily/next business day.

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(NC DHB)

- DHB team aggregates daily Sit Rep Feed into DHB “Sit Rep tracker”
 - Occurs daily/next business day, based on sit rep feed reporting.
 - NPI researched and incorporated
- DHB Provider Reimbursement activates rates for Medicaid participating facility by submitting FMR to NCTracks
- DHB PCS Team activates hours by submitting FMR to NCTracks
- In effect until facility removed from DPH Outbreak list.
- Outbreak rate/hours terminated at the end of the month once removed from Outbreak List.

Outbreak Payment Timeline

Outbreak Reported to LHD	Earliest Symptom Onset Date: March 27, 2021	Outbreak Reported to LHD April 1, 2021	Outbreak Reflected on Sit Rep April 10, 2021	DHB Activates Rate	Outbreak continues through May, 2021	Outbreak reported as complete June 3, 2021	Outbreak Completion reflected on June 5, 2021 Sit Rep. DHB deactivates rate.
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March:
rate will be in effect (retroactively), March 1, 2021

April:
rate will be in effect

May:
rate in effect

June:
rate in effect through June.

Dates in green cells are examples/hypothetical scenarios. Not intended to reflect actual duration of an Outbreak.

Process Improvements Made Since Rates First Launched

- Sit Rep Date used to activate rate adjusted to ensure rates activated in month Outbreak confirmed, not month Outbreak reported on Sit Rep to DHB.
- Improved identification of PCS-using Outbreak facilities.
- The DPH “sit rep” remains the most reliable source of truth to activate and conclude provider rates. However, if provider would like to provide support for activating or ending rate sooner than sit rep notes, please email Medicaid.ProviderReimbursement@dhhs.nc.gov with supporting documentation.

Outbreak Facility: Increased Hours Overview

- The FMR for hours is submitted along with the FMR for rates however, at this time, there is a 3 week process time for the hour FMR that does not apply to the rate.
- 3 week process times for outbreak hours will not impede the effective date. Effective date for Outbreak rate and hours are the same.
- The Provider will receive a notification from Reimbursement when the rate was implemented and a separate notification from PCS when the hours are implemented.
- Provider inquiries for COVID outbreak hours may be submitted via the PCS email box at PCS_Program_Questions@dhhs.nc.gov.

FAQs about Rate

What facilities are eligible for rate increase under Special Bulletin 82 ?

A: The Outbreak Rate and related reporting apply to nursing facilities and impacted PCS service providers billing under the appropriate taxonomy and procedure codes/modifiers as reflected on: <https://files.nc.gov/ncdma/PCS-Fee-Schedule-effective-4.1.2020.pdf>. For additional information about COVID response for ICF/IDD, [please contact the relevant LME-MCO.](#)

With the 28-day rule applied to outbreaks, how would billing be allocated in the last month? If say the fifth of June outbreak is deemed over will the rate still be applicable for the full last month?

A: Outbreak rates will apply for the full calendar month in which the Outbreak ends, as reported by DPH on daily sit rep.

Helpful Resources

For Questions About	Start Here
What constitutes an outbreak How to report outbreak When to report an outbreak When an outbreak ends.	Your local health department. Links available here: https://www.ncdhhs.gov/divisions/public-health/county-health-departments
To assess whether your facility is reflected on “sit rep”	https://files.nc.gov/covid/documents/dashboard/Weekly-COVID19-Ongoing-Outbreaks.pdf
Need assistance with PPE	https://covid19.ncdhhs.gov/information/health-care/requesting-ppe
Need assistance with POC testing	NCDHHS_LabsCommunications@dhhs.nc.gov
Outbreak PAYMENT questions	Medicaid.ProviderReimbursement@dhhs.nc.gov
Outbreak HOURS questions	PCS_Program_Questions@dhhs.nc.gov
If you are a combination facility and have only experienced partial activation of your rate	PCS_Program_Questions@dhhs.nc.gov

Polling Interest in Dedicated Public Health Session

Please indicate interest in a DPH-sponsored session on COVID-19 related topics. Topics include but not limited to:

- Outbreak identification, reporting and response.
- Infection prevention and control measures
- Effective use of PPE
- COVID Testing
- Other

Please communicate interest on call or through chat option.

Report Submission

Special Bulletin 82 Requires Report Submission

- At this time, Special Bulletin 82's reporting submission remains in effect.
- Report templates and related instructions can be on [Medicaid Payment and Status reporting website](#).
- Template is at this [link](#).
- Reports are due by the 5th of the following month.
- Reporting submitted for each month the provider is considered to be in Outbreak status.
- The report does not trigger the rate/hour change.
- Submit all reports to Medicaid.ProviderReimbursement@dhhs.nc.gov

COVID-19 Status Reporting Template Established in SPECIAL BULLETIN COVID-19 #82: Required Reporting to Maintain Retroactive Targeted Rate Increases for Skilled Nursing Facilities (SNFs) and Adult Care Homes (ACHs) Serving COVID-positive Patients

NC Medicaid is directing increased financial assistance to North Carolina Skilled Nursing Facilities (SNF) and Adult Care Homes (ACH) to support addressing the increased costs of caring for COVID positive (COVID+) residents in a congregate care setting. This targeted assistance is retroactive to April 1, 2020.

The documents below are being made available to allow SNFs and ACHS to meet the status reporting requirements for targeted COVID-19 rates to remain in effect.

For Facilities Experiencing a COVID Outbreak

- [NC Medicaid COVID OUTBREAK Report Template Guidance](#) 
- [NC DHB Outbreak Facility Reporting Date Provider Name Template](#) 
- [COVID Outbreak Facility Reporting Technical Assistance Session for Adult Care Homes](#) 
- [COVID Outbreak Facility Report Technical Assistance Session for Nursing Facilities](#) 

Additional Requests/Clarifications:

- Service Location/Locator Code: Please include facility's locator code in Provider Note.
- If Outbreak status due in part to employee's COVID+ status, please note on Face page.
- Tracking is necessary for Medicaid beneficiaries only.
 - Please include MID.
- Tracking is only required for Medicaid beneficiaries who are COVID + (not full census).
- If unclear or unable to confirm U07.1 diagnosis, please don't include resident on the record.
- If changes are needed based on this guidance, no need to resubmit, please just revise this month's information in next month's submission.
 - Please follow revision guidance on Face Page.

Completing the Workbook: Always Start Here.

Instructions on Completing Report

- Please review Special Bulletin COVID-19 #68 before proceeding.
- Please only include COVID 19 + residents** (not full census) on this report.
- The same workbook should be submitted monthly, with an updated tab for each applicable month.
- If a provider has multiple affected facilities, please submit a separate workbook for each facility.**
- Please submit on the 5th of the month following the reporting month (please note extension provided for April, 2020 reporting until May 11, 2020).
- If you need to update a previous month's entry, please reflect this change in red text, using strikethroughs where necessary.** Failure to do so may result in changes not being accepted and may impact payment.
- Thank you for completing the brief survey to the right, indicating how Outbreak rate funding is being used to address the Outbreak and to provide additional information requested.
- Please review the CDC's guidance on ICD-10 code U07.1 to ensure proper coding and claim submission.
- Please include each resident's MID = Medicaid Identification Number
- Please note Comments on select headers that provide additional guidance.
- Please note the use of drop down options on certain fields.
- We have included a placeholder tab ("Copy for future months") if reporting is extended beyond June, 2020. Please make a copy of the tab before using and rename the tab for the appropriate month.
- Please rename your file for submission, using the following naming convention: NC DHB Outbreak Facility Reporting **[insert Reporting Period's MM/YY] [Name of Reporting Facility]**
- Report should be **sent using an encrypted email** and submitted to Medicaid.ProviderReimbursement @dhhs.nc.gov

And Here....

F	G	H	I
Resident's COVID-19 Onset Date	Total Days During Reporting Month Diagnosis Code U07.1 Applied	Last Day in Reporting Period Diagnosis Code U07.1 Indicated	Resident Status as of Last Day of Reporting Month
<p>Farnham, Patricia J: The first date which the diagnosis code U07.1 is appropriate and applied by the facility.</p>	<p>Farnham, Patricia J: Please report total number days in reporting period for which diagnosis code applied/claiming COVID Rate for this resident.</p>	<p>Farnham, Patricia J: This is intended to track the last date a claim will include the U07.1 diagnosis code. However, if the diagnosis code is applicable into the following month, please list the last day of the month and select "COVID +" under Resident Status in Column J. Last day facility applied diagnosis code.</p>	<p>Farnham, Patricia J: Please see CDC guidance on Discontinuation of Transmission-Based Precautions for additional</p>

Face Sheet Overview

Required Information	Response	Provider Notes
Facility Name and Affiliated Provider (if different) Submitting Report		
NPI of Submitting Facility [Please also provide Locator Code, as applicable]		
License Number of Submitting Facility		
Facility Physical Address		
Facility/Provider Billing Address		
Provider Type (Nursing Facility or Adult Care Home)		
Reporting Period (example: April, 2020) for this Submission		
Report Submission Date		
Have you applied or are you planning to apply for a Hardship Advance? (please update each reporting period)		
Has previous month's reported data been revised or ammended this reporting period?		
Provider attests that information submitted is accurate and that COVID-19 diagnosis code U07.1 is appropriate for all residents included in this reporting period's submission. [If Outbreak is in whole or in part due to employee COVID status please note this]		

Face Sheet: Updated Guidance

Thank you for providing this information:

Outbreak-Related Activity <input type="checkbox"/>	Please mark an X for activities funded with Outbreak Rates this reporting period. <input type="checkbox"/>
Direct care staff base rate increase/hazard pay increase	
Direct care staff overtime costs	
COVID-related staff training	
Additional/Specialized PPE	
Additional/Specialized Equipment	
New/expanded infection control-related or costs not otherwise reflected	<p>General Updates on COVID Response Management [free text, update monthly if needed]</p> <p>Brief Description of Cohorting Strategy (dedicated wing, floor, facility)</p> <p>General Status Update (identified challenges, lessons learned, staffing/training/supply needs, other)</p>
Facility Modification	
Other	

Reporting COVID Diagnosis Information (U0 7.1)

- Please include all Medicaid beneficiaries for whom an U07.1 diagnosis is appropriate.
 - <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>
- If unclear or unable to confirm U07.1 diagnosis, you do not need to include the resident on the workbook.

When is an Outbreak Over?

Once an individual person is *recovered*, do not include on list.

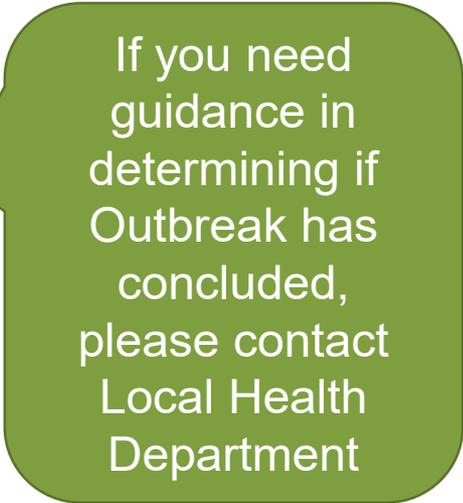
For more information about “recovery” standard, please see: Please see CDC guidance on Discontinuation of Transmission-Based Precautions for additional information <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Outbreak is 2 or more laboratory-confirmed cases in residents or staff.

- **When is it over?**

Public Health Guidance: In a congregate living setting, a COVID-19 outbreak is defined as two or more positive cases identified through a positive molecular (PCR) or positive antigen test result. An outbreak is considered over if there is not evidence of continued transmission within the facility. This is measured as 28 days after the latest date of onset in a symptomatic person or the first date of specimen collection from the most recent asymptomatic person, whichever is later. If another case is detected in a facility after an outbreak is declared over, the outbreak is not reopened. It is counted as a case in congregate living settings, and if a second case is detected within 28 days in the same facility, it is considered a second, new outbreak in that facility.

[from COVID-19: Ongoing Outbreaks in Congregate Living Settings]



If you need guidance in determining if Outbreak has concluded, please contact Local Health Department

FAQs about Reporting

ACH facilities are not physicians and do not diagnose. Is this advice is for MD's, etc.?

A: As noted above, the COVID positive determination must be made under appropriate testing criteria or otherwise made by a clinician with appropriate authority to diagnose. This is a medical diagnosis and should be documented by the resident's medical provider. If the ACH provider is unclear about whether a resident meets the ICD 10 criteria, please do not include the resident on the report.

Does a COVID-19 diagnosis mean a test result or a doctor/MD diagnosis?

A: Please see ICD-10 diagnosis criteria U07.1 for specific guidance. The COVID positive determination must be made under appropriate testing criteria or otherwise made by a clinician with appropriate authority to diagnose. This is a medical diagnosis and should be documented by the resident's medical provider. If the ACH provider is unclear about whether a resident meets the ICD 10 criteria, please do not include the resident on the report.

Questions?

Medicaid.ProviderReimbursement@dhhs.nc.gov