



PCS Rate Reimbursement Methodology for Individuals Living in Congregate Settings

Personal Care Services (PCS)

December 3 & 11, 2024

Agenda

- **Historical background**
- **Who's included in congregate settings**
- **Key changes**
- **Rate methodology & effective date**
- **FAQs**
- **Technical support opportunities**

Historical Background

- **Session Law 2019-240**
 - Directed Medicaid to realign how PCS for individuals living in congregate settings are administered and reimbursed.
- **Policy promulgation**
 - Two policies
 - 3L – PCS in In-Home Settings (99509-HA/HB)
 - 3L-1 – PCS in Congregate Settings

Who's Included in Congregate Settings

- **Adult Care Homes – 99509-HC**
- **Combination Homes – 99509-TT**
- **Special Care Home – 99509-SC**
- **Family Care Homes – 99509-HQ**
- **Supervised Living Facilities for adults with MI/SA – 99509-HH**
- **Supervised Living Facilities for adults with I/DD- 99509-HI**

Key Changes

What is Changing:

- The reimbursement method for individuals living in congregate settings
- The policy guidance for congregate setting (3L-1)

What will remain the same:

- PCS referral process
- Assessment tool
- The number of PCS hours based on assessed needs
- PAs submitted to NCTracks that include the number of approved PCS hours
- Modification of PAs as adjustments are identified
- Rate

Rate Methodology & Effective Date

- Per diem (per day) pricing
- New Rules Effective April 1, 2025 (Delayed from January 1, 2025):
For claims with dates of service on or after this date, including billing for 99509 HC, SC, HQ, HH, HI, and TT:
 - Each claim line must include one date of service and one unit representing one calendar day
 - A claim line that spans multiple dates or include a unit greater than one, will deny
- Daily rate will be calculated using PA information at time of adjudication
- No automatic claim adjustment if PA is retro-actively updated
- PA cutback will apply if remaining PA units are less than the reimbursable units
- Provider should bill their usual and customary charge

Example of Reimbursement Calculation

- **Prior authorization (PA) Details:**

- Effective Date: 2025-01-01
- Expiration Date: 2025-01-31
- CPT/Modifier 99509-HC
- Approved Units: 360

- **Steps for Reimbursement Calculation:**

- Determine the PA days for the effective date through expiration date = 31 days
- Determine daily unit by dividing the approved units (360) by the PA days (31) = 11.61units/day.
- Calculate the reimbursable amount: daily authorized units X effective rate (11.61 X \$5.96 = \$69.20 per day).



Example of a Claim Line

SERVICE LINES									
	* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number	
+	1. 01/01/2025-01/01/2025	99509	HC	1	200.00	1.00	UN-UNITS		-
	<input type="text" value="mm/dd/yyyy"/> to <input type="text" value="mm/dd/yyyy"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="\$0.00"/>	<input type="text" value="0.00"/>	<input type="text" value=""/>	<input type="text" value=""/>	

FAQs

1. *If an incorrect modifier is sent to NC Tracks will the system pay the correct daily rate? If the PA does not match and capture to the claim line, it is not available for pricing of that that claim.*
2. *When the modifier is corrected after NC Tracks has paid will NC Tracks correct the claim, or will the provider have to re-enter the claims again? If an incorrect modifier results in NO PA Found, the claim will pend for 14 days under current missing PA rules. If the PA is corrected while the claim is pending and that corrected PA now matches and captures to the claim line, the claim line will price with the corrected PA. Once the claim denies, there will be NO automatic reprocessing of the claim based on a new or corrected PA*
3. *When claims have been created in advance where they were denied for advance billing, will those claim be able to be used to re-enter the claim on the correct day and pay out at that time? Claims lines submitted for dates of service on or after the effective date must be billed for a single date of service and bill 1 unit. Claims created in advance under the current guidelines of 1 unit = 15 minutes will not be compatible with the new billing guidelines of 1 unit per day.*
4. *When a PA error occurs and units are missing in the PA, will the amount of the daily rate for the other days be less or just not pay? The daily rate will be calculated based on the approved PA based on the approved units and the duration of the PA. If the duration of the PA or the units authorized are incorrect, the daily rate and the claim reimbursement will be impacted.*
5. *When MODIFIED PA's are entered where there are two PA's entries in one month, one for the first 10 days and the other for the last 20 days where both PA's include the monthly max units. How will the system calculate the daily rate? The assumption is that the duration of the PA aligns with approved units. If this question is suggesting the PA setup below after the modifications, there will be an overpayment.*

PA 1 01/01/2025 - 01/10/2025 360 units

PA 2 01/11/2025 - 01/31/2025 360 units

FAQs continued

Q: Can multiple claims be billed at one time?

A: Yes, 1 claim line = 1 date of service, and a full month of claim lines (28, 29, 30 or 31 lines) can be on a claim.

Q: Can a claim be submitted weekly?

A: Yes

Q: Should the calculated daily rate be included in the claim when filing?

A: No, the provider should bill 1 unit per day and the NCTracks system will automatically calculate the daily rate.

Q: With this new change, does billing have to be completed monthly, only?

A: No, billing can be completed at the same cadence as before; however, 1 unit must be billed per day.

Q: Will the last day of the month be automatically cutback to the lower percentage if the approved PCS hours are runs out before the end of the month?

A: Yes

Technical Support Opportunities

- NC Medicaid will facilitate virtual information sessions on the daily rate reimbursement process for PCS providers rendering PCS in congregate settings (Adult Care Homes, Combination Homes, and Special Care units). Both presentations will be the same. Click on one of the links below to register to attend.
- [Dec. 3, 2024, 2-3 p.m.](#)
- [Dec. 11, 2024, 2-3 p.m.](#)

NC Medicaid will offer virtual office hours during the months of December 2024, January and February 2025 to address any questions about the daily rate reimbursement process.

Dec. 18, 2024, at 12 p.m.

Click on the following link to join: [Join the meeting now](#) or dial [+1 984-204-1487,,669163860#](#)

Jan. 8, 2025, at 9 a.m.

Click on the following link to join: [Join the meeting now](#) or dial [+1 984-204-1487,,655478979#](#)

Jan. 22, 2025, at 12 p.m.

Click on the following link to join: [Join the meeting now](#) or dial [+1 984-204-1487,,144469253#](#)

Feb. 5, 2025, at 9 a.m.

Click on the following link to join: [Join the meeting now](#) or dial [+1 984-204-1487,,849288036#](#)

Contact Information

- PCS inbox: PCS_Program_Questions@dhhs.nc.gov
- PCS unit number: 919-855-4360
- PCS Unit Manager:
 Juanita Jefferson

 Email: juanita.jefferson@dhhs.nc.gov

 Phone: 919-855- 5381

 Mobile: 919-208-0761

Medicaid Bulletins:

medicaid.ncdhhs.gov/blog/2025/01/06/updated-policy-guidance-personal-care-services-beneficiaries-congregate-and-home-settings