



NC Department of Health and Human Services

COVID-19 Staff Testing in Nursing Homes: Testing and Payment in 2021

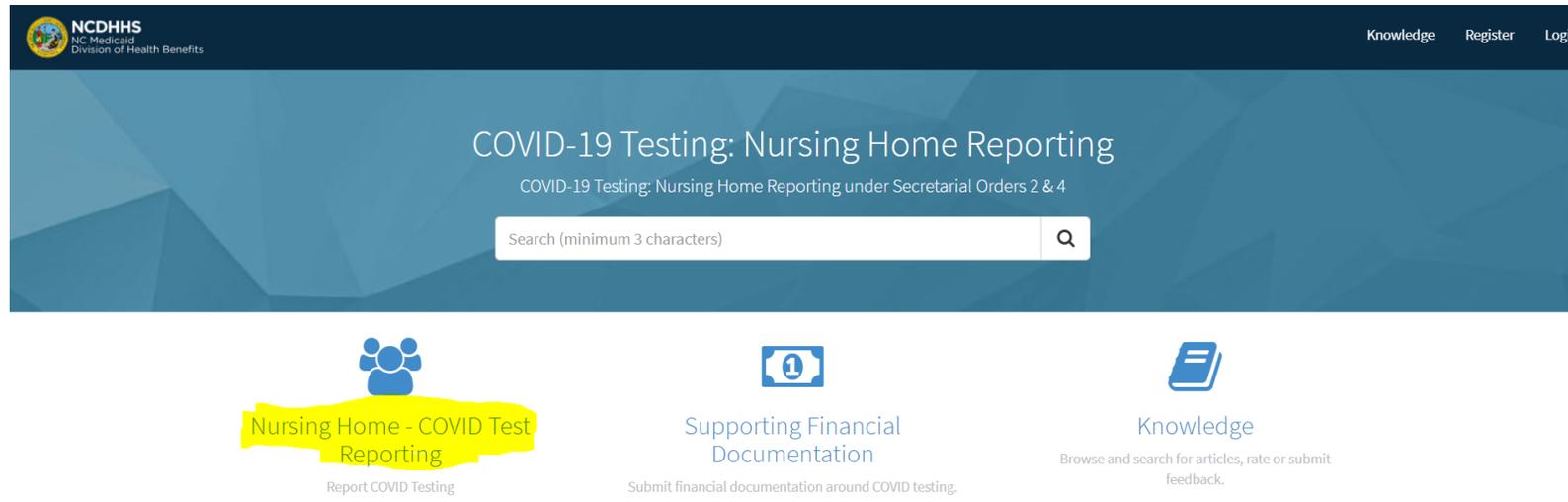
1/7/2021 (amended)

Today's Session

- **Over the holidays...**
- **Quick reminder of Phase I “final reconciliation”**
- **Introducing Phase II.**
- **Next Steps**

When we last gathered on 12/10/2020...

Testing Submissions through the Portal after 12/30/2020



- TESTING submissions through the COVID-19 Testing Nursing Home Portal anticipated to end after 12/30/2020.
- Federal testing activity and other testing reporting anticipated to remain.
- DHHS is exploring viability of continued funding for testing activity. Additional information will be shared in upcoming communication.

Update of recent communications

Issue Date and Title of Guidance	Link
11/13/2020: <i>COVID-19 Testing: Nursing Home Reporting under Secretarial Orders 2 & 4 Update & Guidance on Financial Submissions</i>	https://files.nc.gov/ncdma/covid-19/NC-DHHS-Nursing-Home-COVID-Testing-Updates-and-Guidance-on-Financial-Submissions-Final.pdf
11/30/2020: <i>Nursing Home COVID-19 Testing under Secretarial Order No. 4 To Continue</i>	https://files.nc.gov/ncdma/covid-19/NC-DHHS-Continued-Testing-Activity-under-SO-4-and-availability-of-CARES-Act-Funding-through-12-30-2020-Guidance-v4.pdf
 12/30/2020 Special Bulletin #146: Update on CARES Act-Funded Payments to Nursing Facility Providers and Availability of Extension Funding	https://medicaid.ncdhhs.gov/blog/2020/12/30/special-bulletin-covid-19-146-update-cares-act-funded-payments-nursing-facility
 12/31/2020: Secretarial Order No.7, Rescission of Secretarial Order No. 4: Mandatory Testing for Staff in Nursing Homes	https://files.nc.gov/covid/documents/Secretarial-Order-7.pdf

During the holidays....

- **Special Bulletin 146 published.**
 - Confirms final reconciliation process
 - Communicates Phase II Extension funding.
 - Announced discontinuation of testing reporting through the COVID-19 Testing: Nursing Home Reporting Portal
- **Secretarial Order 7 Published**
 - Rescinded Secretarial Order No. 4 in recognition of the duplicative testing reporting requirements experienced by nursing homes participating in Medicare and Medicaid programs.

As Noted in Special Bulletin 146...

In support of NC DHHS' ongoing testing recommendations, NC Medicaid has established a time-limited funding stream to support Medicaid-enrolled nursing facility providers for allowable staff testing activity costs occurring after Dec. 30, 2020. To appropriately reflect upcoming changes to testing requirements and reimbursement methodologies, NC Medicaid is dividing the testing payments into two phases:

- **Phase 1:** activities performed under the original processes aligned with Secretarial Orders 2 and 4 (Original Funding) and occurring between Aug. 7, 2020, and Dec. 30, 2020.
- **Phase 2:** testing activity occurring after Dec. 30, 2020, (Extension Funding or Extension Payments).

All financial support under this bulletin is subject to funding availability and payments are subject to state and federal audit requirements.

Phase I and Phase II Comparison Chart

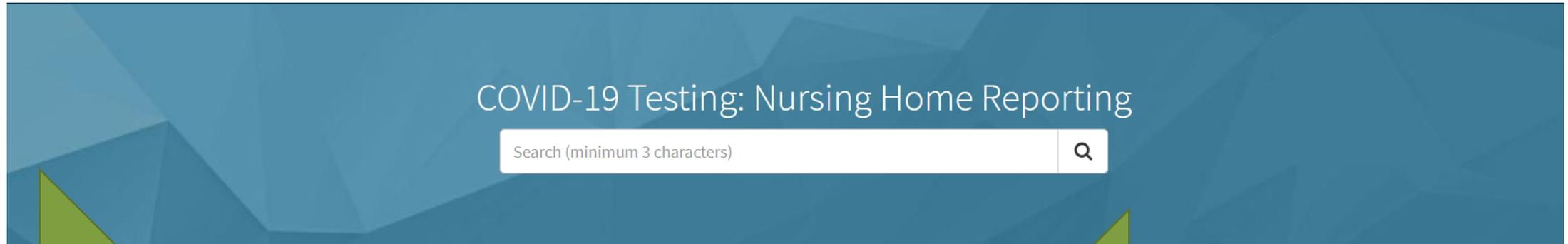
Phase I (2020)

- Secretarial Order No. 4 in effect through 12/30/20.
- CMS testing and reporting mandates first established under QSO-20-38-NH in effect, applied to all NC nursing homes through Secretarial Order No. 4. CMS requirements resulted in duplicative reporting for most nursing homes.
- Allowable testing activities from 8/7/20-12/30/20 covered through Original funding and under original reporting requirements.

Phase II (2021)

- Secretarial Order No. 7, published on 12/31/20 rescinds Secretarial Order No. 4.
- CMS testing and reporting mandates remain in effect as a condition of participation for nursing homes participating in the Medicaid and/or Medicare program. Reporting to federal reporting portal remains in effect. The STATE's COVID-19 Nursing Home Testing Reporting ends for activity after 12/30/2020
- Allowable testing activities on or after 12/31/20 covered through Extension funding and under revised reporting requirements.

Policy Decisions in Visual Form



Testing activity AFTER 12/30/20 is no longer required to be submitted through THIS portal after 12/30/2020. Testing reporting required through federal and other state requirement remain in effect.



Nursing Home - COVID Test Reporting
Report COVID Testing



Financial Submission Under Original Funding
Covers COVID testing activity occurring between 8/7/2020 and 12/30/2020.



Financial Submission Under Extension Funding
Covers COVID testing activity occurring AFTER 12/30/2020.

This is the original financial reporting portal to be used to request payments for testing activity occurring between 8/7/20 and 12/30/20

This is a new, simplified option to request funding for testing occurring AFTER 12/30/2020.

https://ncgov.servicenowservices.com/csm_nh?id=csm_nh_index

PHASE I:
Original Testing and Payment Structure under
Secretarial Order No. 4, including Final Reconciliation
Requirement

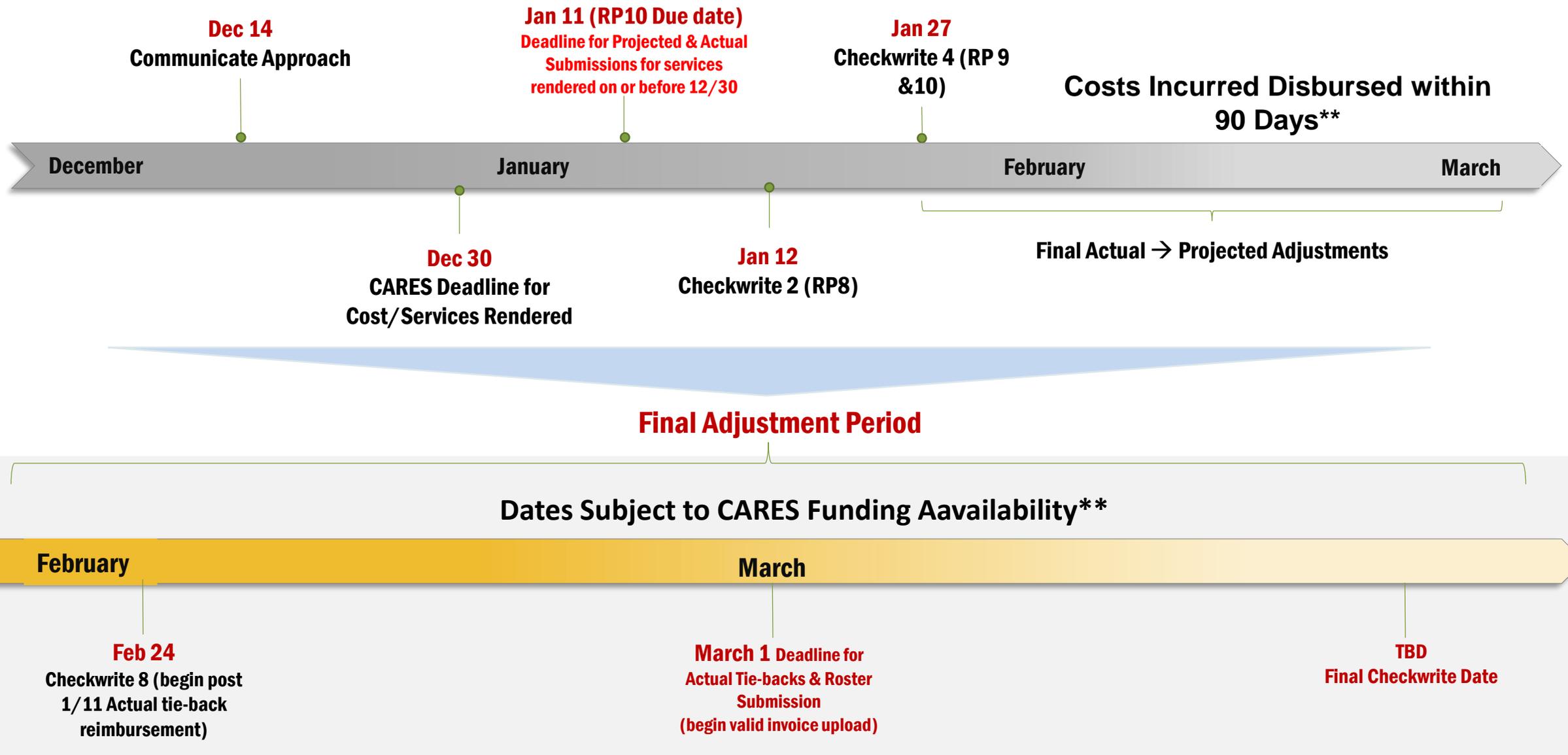
Reminder Slide: Final Reconciliation Overview

- Announced in August trainings and subsequent Office Hours
- Communicated in [Special Bulletin 129](#): *The NC General Assembly (in SL 2020-88) appropriated \$125M of federal CARES Act funding to DHHS to for “COVID-19 testing, contact tracing, and trends tracking and analysis” initiatives, and DHHS has allocated \$25 million of this funding to help cover nursing homes’ staff/HCP testing costs under Secretarial Order No. 2. NC DHHS will make interim payments to nursing homes that will be reconciled later with actual testing costs, following the parameters established within this Bulletin.*
- Applicable only to those facilities that have or anticipate submitting projected or actual costs for testing activity performed between 8/7/2020 and 12/30/2020.
 - **Payment Note: Testing with DOS prior to 8/7/2020 are not reimbursable and will not be paid.**
- Timelines are based on the federal guidance that CARES Act funds should “generally” be disbursed within 90 days of the costs being incurred.
- NC Medicaid will reflect Final Reconciliation requirements in a subsequent Special Bulletin (est. week of 12/14/2020)

Reminder Slide: Anticipated Timelines

- Providers are expected to submit Actual cost case within 30 days of receiving invoice.
- Activities supported by CARES Act funding at this time completes 12/30/2020
- **1/11/2021: All costs through 12/30 must be submitted as Actual cost or Projected cost case, if invoice is not yet available.**
- 1/12/2021-3/1/2021: Only Actual cost submissions that tie back to earlier projected cost submissions will be accepted. Staff roster should be submitted with facility's final Actual submission.
- 3/1/2021: Actuals for all outstanding Projected Costs should be submitted by 5p for all outstanding Projected Costs + Roster is due.

CARES Act Funding – Final Reconciliation Timeline: **Reminder**



** Per US Treasury Guidance, 9/22/2020

Staff Roster Now Available.

- **Reminder, Under Phase I Final Reconciliation due with FINAL Actual Invoice (but no later than 3/1/2021).**

<https://files.nc.gov/ncdma/covid-19/Name-of-Nursing-Home-HERE-Staff-Testing-CARES-Act-Staff-Roster-FINAL-12-30-20-.xlsx>

Important Note about Settling Up

- The reconciliation of actual costs to earlier projected cost payments may result in the facility receiving no additional payment for the actual cost submission since the cost has been previously paid through a projected cost submission.
- Reminder: an invoice should be submitted within 30 days of facility receiving it. **DO NOT HOLD INVOICES.**

If you didn't attend the Final Reconciliation Webinars in December....

- **Please review the slides available here:**
 - [Part 1](#)
 - [Part 2](#)
- **Please.**
- **Seriously, please.**

Phase II: Extension Payments

As noted in Special Bulletin #146....

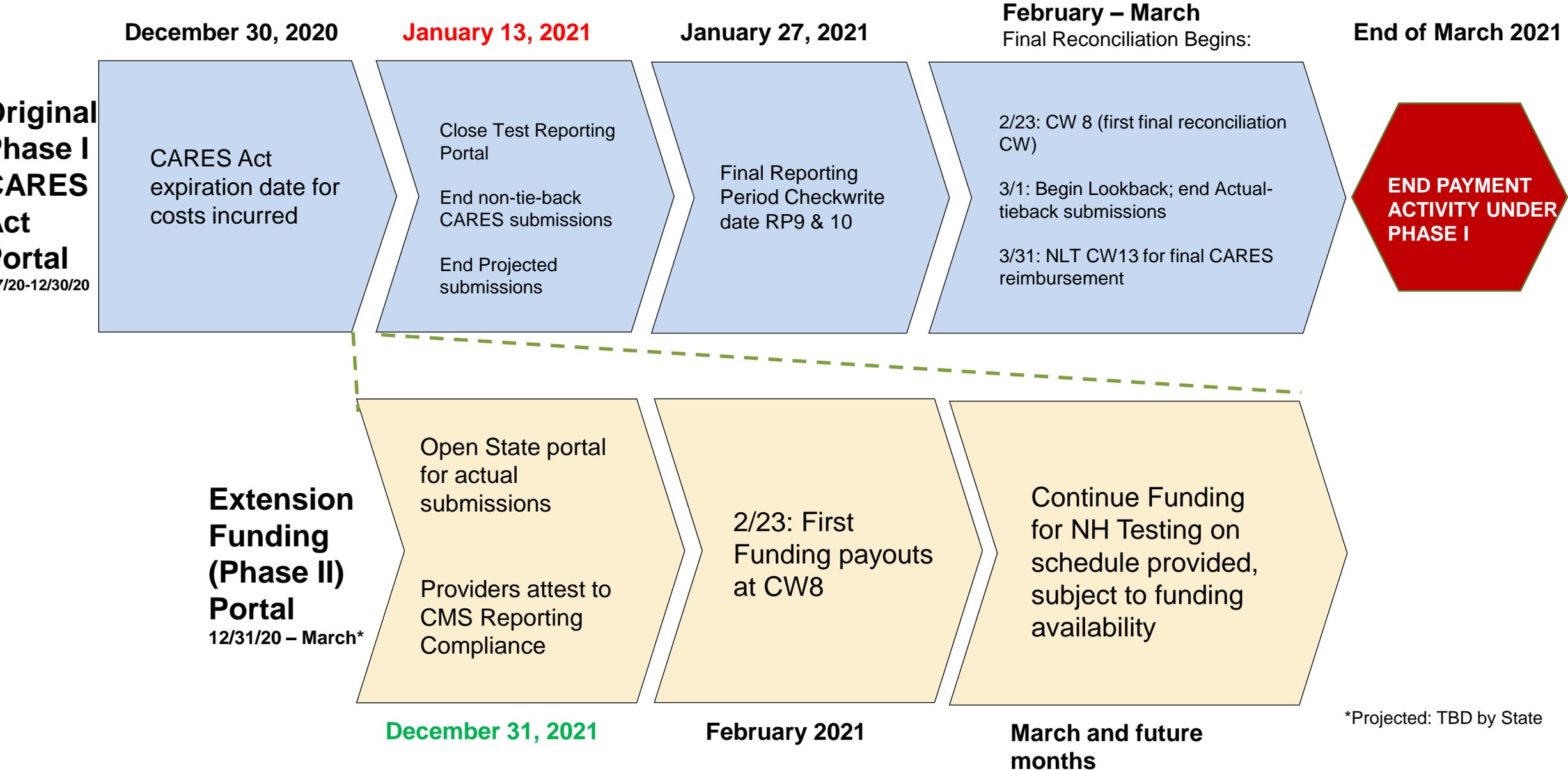
Testing Payment Phase II: Payment for Allowable Testing Activity that Occurs AFTER Dec. 30, 2020, under Extension Funding

NC Medicaid has established time-limited funding to support Medicaid-enrolled nursing facility providers in continuing allowable staff testing after Dec. 30, 2020. As noted above, these payments are subject to funding availability and are subject to state and federal audit requirements. Funding availability may also be impacted by changes to North Carolina's state of emergency. These payments will be referenced as Testing Payment Extension Funding (Extension Funding or Extension Payments).

NC DHHS projects resources to be available for allowable testing through March 2021. NC Medicaid will continue to require providers to attest to the veracity of each submission, including attestation of testing compliance under the Centers for Medicare & Medicaid Services (CMS) federal testing and reporting requirements, as applicable.

Nursing Home Reporting & Reimbursement Portal Transition

Original (Phase I) and Extension (Phase II) Funding Source



Anticipated Invoice and Payment Schedule under Phase II

Extension Payments Payment Schedule*

To be paid on	Submit actual invoices for testing activity occurring on or after 12/30/2020 by
Checkwrite 8 (2/23/2021)	Noon on 2/8/2021
Checkwrite 12 (3/23/2021)	Noon on 3/8/2021
Checkwrite 16 (4/20/2021)	Noon on 4/5/2021
Future schedule TBD	
* All Payments Subject to Funding Availability	

NCTracks 2021 Checkwrite Schedule for DHB

#	Batch Claims Cutoff Date (6:00 PM)	Portal & Claims Cutoff Date (11:59 PM)	Checkwrite Date	EFT Effective Date
1	12/31/20	01/01/21	01/05/21	01/06/21
2	01/07/21	01/08/21	01/12/21	01/13/21
3	01/14/21	01/15/21	01/20/21	01/21/21
4	01/21/21	01/22/21	01/26/21	01/27/21
5	01/28/21	01/29/21	02/02/21	02/03/21
6	02/04/21	02/05/21	02/09/21	02/10/21
7	02/11/21	02/12/21	02/17/21	02/18/21
8	02/18/21	02/19/21	02/23/21	02/24/21
9	02/25/21	02/26/21	03/02/21	03/03/21
10	03/04/21	03/05/21	03/09/21	03/10/21
11	03/11/21	03/12/21	03/16/21	03/17/21
12	03/18/21	03/19/21	03/23/21	03/24/21
13	03/25/21	03/26/21	03/30/21	03/31/21
14	04/01/21	04/02/21	04/06/21	04/07/21
15	04/08/21	04/09/21	04/13/21	04/14/21
16	04/15/21	04/16/21	04/20/21	04/21/21
17	04/22/21	04/23/21	04/27/21	04/28/21
18	04/29/21	04/30/21	05/04/21	05/05/21

So, What's Different about Phase II Payment Process?

As noted in SB 146

Payments for Actual Costs Only

Projected Payment costs submitted for reimbursement on testing activity that occurs after Dec. 30, 2020, will not be accepted under Phase 2 of Extension Payments. NC Medicaid will only process actual costs for reimbursement for testing activity that occurs after Dec. 30, 2020.

**NO PROJECTED PAYMENT OPTION AVAILABLE FOR EXTENSION PAYMENTS,
UNDER PHASE II**

Testing Activity Reporting

Beginning with testing activities occurring on or after Dec. 31, 2020, providers will no longer be required to report testing activity through the COVID-19 Testing: Nursing Home Portal. To receive an Extension Payment, a provider must attest to adhering to federal testing and reporting requirements or if not subject to these requirements, must provide supporting testing documentation that will be more fully described during the webinar referenced below.

No Testing Activity Reported through the STATE's COVID-19 Testing: Nursing Home Portal (all other federal and state testing reporting requirements remain in effect) and providers must attest to federal testing compliance or submit alternative documentation if seeking payment but does not participate in federal programs.

Extension Payment Tour



Financial Submission Under Extension Funding

Covers COVID testing activity occurring AFTER
12/30/2020.

Attestation remains, but modified.

Financial Documentation for Extension Funding

In submitting this report, the provider attests:

- that funds will be used exclusively for staff/HCP testing;
- that financial submissions reflect activity compliant with CMS federal testing and reporting requirements or if the provider is not subject to these federal testing and reporting requirements that alternative testing documentation has been submitted;
- the provider understands that payments are subject to funding availability.
- to the accuracy and completeness of any and all documentation, including vendor invoices, submitted to document the staff who are tested and the dates of service for each test.
- that staff tests documented for funding have not been paid for through an employee health plan or other funding source;
- the provider understands that as part of the payment reconciliation process it may be required to provide staff/HCP-specific roster to support test count provided;
- that if the provider is not enrolled in the NC Medicaid program, additional verification/documentation may be required;
- the provider understands that failure to substantially comply with these testing and reporting requirements may result in the provider's ineligibility for these payments and that the submitting provider will be required to refund payments if testing is not performed in accordance with these requirements;
- the provider understands that excess funding provided by DHHS but not used by the provider for the defined purpose will be recouped or otherwise due back the state at the end of the funding period; and
- that any protected health information or individually identifiable information of residents or staff tested has been excluded from submission. Submission of information that identifies specific residents or staff/HCP is a potential violation of the Health Insurance Portability and Accountability Act (HIPAA).

I acknowledge that, as a representative of my organization responsible for completing this report, I have made reasonable inquiries, and in the act of submitting this report I am attesting that the information contained is, to the best of my knowledge and belief, truthful and accurate. This report is submitted with the express authorization of the executive level staff person identified below.

Portal Review

Executive Authorization

* Name of Executive Authorizing Submission

* Title of Executive

* Facility Contact

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* Facility

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* NPI of Facility

My facility does not have an NPI

Please select one of the following

- My facility is NOT under CMS federal testing/reporting guidelines and will attach supporting testing documentation.
- My facility is under CMS federal testing/reporting guidelines and this financial submission reflects activity required by these guidelines.

Portal Review

My facility is under CMS federal testing/reporting guidelines and this financial submission reflects activity required by these guidelines.

* Testing Type
 Lab Vendor Point of Care Device Other

* Testing Start Date  * Testing End Date 

* Please describe your testing strategy reflected by this payment request

* Number of Tests Performed under this payment request for which third party payers have not otherwise been compensated

* Stated Total Cost on Invoice * Total Cost under invoice for which the Provider is seeking Reimbursement

* Vendor * Vendor Invoice/Financial Verification Date 

* Testing Invoice/Financial Verification Reference Number

Anticipated Q &A

- **What are the testing recommendations for nursing homes that do not participate in CMS programs?**
 - Public health recommendations align with CMS testing requirements.
- **Are the same testing parameters in place under Phase II?**
 - Yes: only covering nursing home staff testing not otherwise covered by third party payers.
- **Are non-Medicaid providers able to participate in Phase II payments?**
 - Yes.
 - If do not participate in federal testing requirements, will be required to submit documentation.
 - In development and will be distributed to applicable providers.
- **Will a staff roster be required to support actual cost invoices? (see next slide)**
 - Yes and should be submitted WITH each Phase II invoice.

Staff Roster and Additional Document Requirements

(supplemental slide included after 1/7/2021 presentation)

- Phase II Staff Roster template specific to Extension Payments is now available [here](#).
- Phase II Staff Roster will incorporate specific questions for nursing homes that do not participate in CMS programs about testing activity. This will satisfy additional testing documentation required of these providers in Special Bulletin 146.
- Provider will submit Phase II Staff Roster with each Extension Payment request.

Thank you for your partnership in this effort!

Questions and Answers

Always your starting place:

Medicaid.ProviderReimbursement@dhhs.nc.gov

(Big thanks to awesome new staff who are helping ensure your questions are answered promptly!)