

NC Department of Health and Human Services

COVID-19 Testing Nursing Homes: Final Reconciliation Overview for Payments Under Secretarial Order No. 2 and No 4, Part 1 of 2

12/3/2020, 2:00-3:00p

Updates: Just a reminder 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>	To be uploaded.
Upcoming: Medicaid Special Bulletin to communicate Final Reconciliation process and requirements	
Anticipated: Department-level guidance on testing after 12/30/2020	

Payment Updates:

- Reporting Periods 6 and 7 Payments being processed this week and will be released with Checkwrite 49.
- Announcement: Reporting Period 8 payments will be processed with checkwrite Cycle 2 (estimated payment date January, 12, 2021). This is a change from earlier guidance.
- Testing Portal Schedule being updated to reflect these changes.

Today's Session

- **Financial Reconciliation Overview**
- **Timelines**
- **Submitting Actuals: Guidance**
- **Update on Staff Roster submission Requirements**
- **Next Session**
- **Q/A**

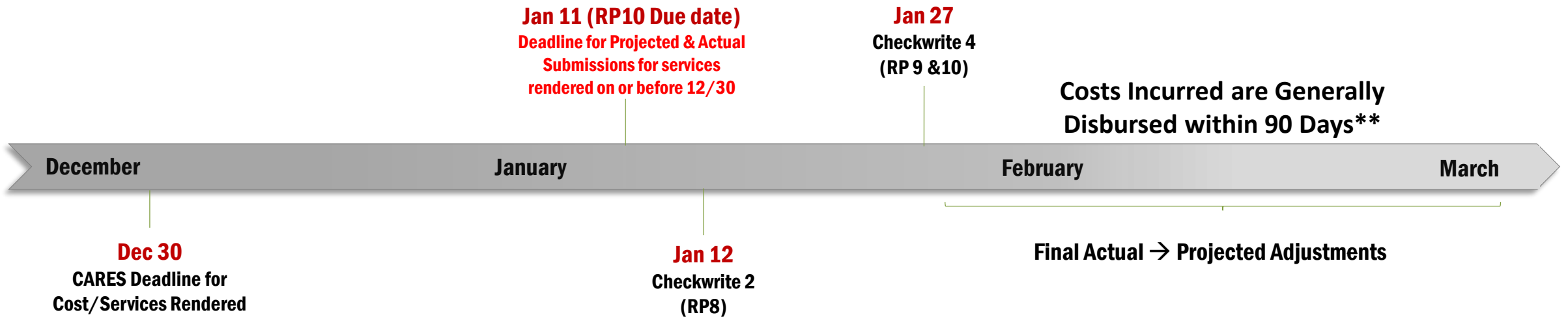
Final Reconciliation Overview

- 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)

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.
- 1/12/2020-3/1/2021: 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



Final Adjustment Period

Dates Subject to CARES Funding Availability



** [Per US Treasury Guidance, 9/22/2020](#)

Submitting Actuals

*Testing type
 Lab Vendor Point of Care Device Other

*Testing Start Date: *Testing End Date:

*Tests Performed this reporting period for which third party payers have not otherwise compensated

*Are you submitting projected or actual costs?
 Projected
 Actual

*Are you submitting an update to previously submitted projected costs?
 Yes
 No

*What is the previously submitted case number of the projected costs submission these actual costs update?

Please select a Nursing Home at top of form to search and select related case number.

- CS0003567
- CS0003568
- CS0003569
- CS0003570
- CS0003571
- CS0003572
- CS0003573
- CS0003574

Note about Testing Start Date and End Dates Fields:

If submitting an initial Actual Cost that does not tie back to earlier Projected Cost cases: These should be within the parameters of testing invoice dates of service fields (below).

If submitting an Actual Cost that ties back to earlier Projected Cost cases: testing dates should align with those covered by applicable projected cases. Also see Scenario 2 below.

Note about Selecting One or More Previous Projected Cases

Click the field to see dropdown list of previously submitted "Projected Cost" cases.

After selecting a case, click the field again to see the dropdown list and continue selecting cases associated with invoice.

Submitting Actuals

Note about Actual Cost Field:

Please submit the total amount for which the provider is seeking to be reimbursed under this invoice. Include only allowable costs.

* Actual Cost

Please enter in a dollar amount

* Testing Invoice / Financial Verification Dates of Service Start Date * Testing Invoice / Financial Verification Dates of Service End Date

Name of vendor who conducted testing/issued invoice.

* Testing Invoice / Financial Verification Reference Number ?

A testing invoice must be attached to submit. Testing roster is not required at time of submission, but will be at later date in alignment with Department's guidance on CARES Act stewardship. ✕

Note about invoice attachment: ?

VALID VENDOR INVOICES ONLY ✕
Staff rosters or invoice alternatives should *not* be attached.

Note about Testing Invoice Dates of Service Dates

Fields: Please provide the testing invoice date range as established in the invoice.

Submitting Actual Costs: Specific Scenarios

Scenario #1:

- **Invoice includes testing costs that are not allowable under Secretarial Orders 2 or 4, such as resident testing costs or staff testing costs otherwise covered by third party payors.**
 - Provider attests to only submitting for costs allowable under Secretarial Order with each Case submission.
 - Actual Tests and Actual Cost fields should reflect ONLY the portion of the invoice for which the facility is seeking reimbursement. This may result in the amount submitted for payment being less than total invoice amount.
 - Errors or “over claiming” should be communicated to COVID Payment state team and will otherwise be managed through lookback process.

Submitting Actual Costs: Specific Scenarios (continued)

Scenario #2:

- **Provider Has Multiple Invoices to Upload**
 - Provider will submit a new Actual Case for EACH Invoice.

Scenario #3:

- **Provider Has One Invoice that Covers Multiple Facilities**
 - Provider should submit new case for each NPI reflected on the invoice, reflecting those Tests Performed and Actual costs applicable to that specific NPI under the Invoice.
 - Provider will upload the same invoice when submitting an Actual Case for each NPI covered under the Invoice.

Submitting Actual Costs: Specific Scenarios (continued)

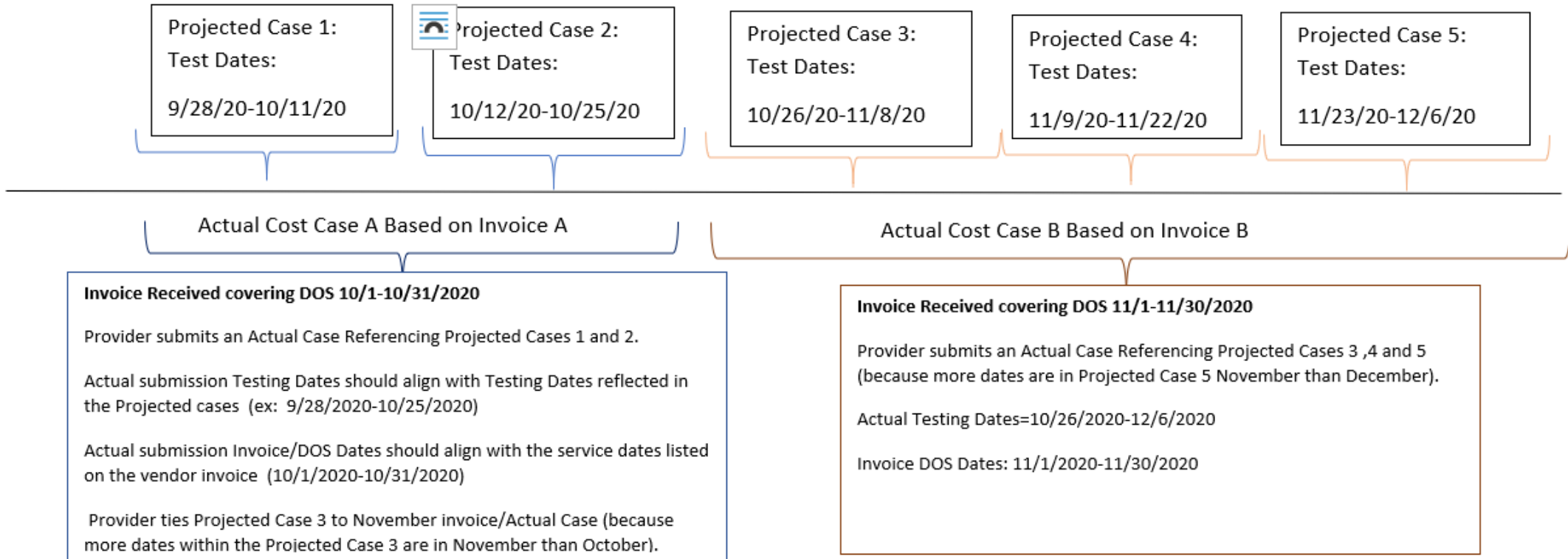
Scenario #4:

- **Provider's testing dates in earlier projected cost cases do not neatly align with Actual Invoice date of service range.**
 - Examples include: Provider submits projected costs based on testing for each reporting period and the resulting invoice covers 1 month. This results in a) multiple projected cost cases being covered by the same invoice and b) projected cases that may “straddle” two invoice cycles.
 - Recommendation: To ensure valid provider costs are not deducted twice, please do not reference the same Projected cost case as “tying back” to 2 separate Actual Invoices. Please review the diagram provided below and note the following:
 - Actual Submissions can tie back to multiple Projected Cost cases
 - Projected Cost cases should not be split between Actuals and can only tie-back to one Actual submission
 - To prevent non-payment, Projected cases should align with an Actual case/invoice that covers the majority of the Projected cases' Testing dates.
 - Testing Start Date and Testing End Date fields should align with the full date range covered by projected cases the Actual Cost “ties back to.”
 - Testing Invoice/Financial Verification Date of Service Start and End Date fields should reflect the date range reflected in the Invoice.
 - Please see diagram below for additional explanation.

When Actual Invoice Timeframe and Projected Timeframes Don't Synchronize

- Actual Submissions can tie back to multiple Projected Cost cases
- Projected cases cannot be split between Actuals and can only tie-back to one Actual submission
- To prevent non-payment, Projected cases should align with an Actual case/invoice that covers the majority of the Projected Cases' Testing dates (include diagram below)

Tying Projected Cases to Actual Cases: When Invoice Date Range Does not Cleanly Align with Projected Cases Test Date Periods



“So, what if I have already submitted Actuals that don’t follow these recommendations?”

- We have internal validation checks to help prevent erroneous payment. Incorrect submissions will not be processed for payment as submitted.
- If internal process identifies duplicates, Actual costs tying back to multiple projected cases or Actuals otherwise in conflict with earlier projected cases, these are flagged and team communicates with the provider directly.
 - Please respond to emails within the timelines provided in the email in order to ensure prompt payment.
 - If confirmation is received after the email deadline, payment may be held until next checkwrite.
- Following guidance provided today reduces need for individualized reconciliation and results in fewer emails!
- Reminder: if a provider has a material error in financial submission, it must submit a new case. Previously submitted cases cannot be modified.

What Constitutes a Valid Invoice:

- Vendor letterhead
- Testing DOS or invoice date reflected.
- Number of tests performed reflected.
- Per unit Cost reflected
- Total Cost reflected
- Invoice reference number reflected.

It's OK if:

- Amount on invoice is greater than amount seeking reimbursement for or otherwise includes tests not allowable under Secretarial Order 2 & 4. The numbers submitted in the Portal should only reflect allowable tests and costs

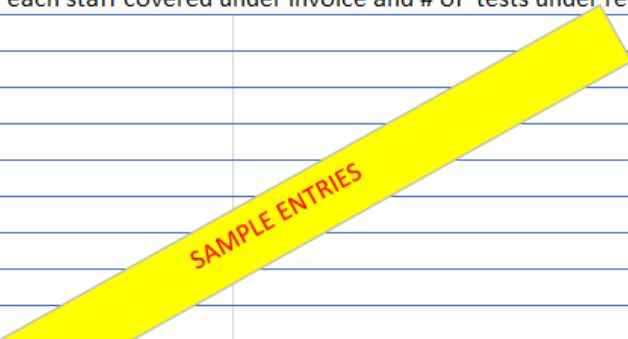
What's NOT OK:

- “invoice substitute” upload with Actual Cost Case.
- Staff Roster in lieu of invoice.

Staff Roster Overview

Staff Roster Template

INVOICE/Purchase Order # Reflected	22303
Lab or POC	Lab
Actual Invoice Amount	\$55,890
Total "Actual Costs" Submitted under this Invoice	[if less than invoiced amount]
Testing Invoice DOS Start Date/Start Date Testing with These Supplies	[number on Testing Invoice...Dates of Service Start Date]
Testing Invoice DOS End Date/End Date Testing with These Supplies	[number on Testing Invoice...Dates of Service End Date]
Finance Case Numbers Reflected in Invoice/POC Purchase Order	[All Case Numbers Associated with this invoice]
Total Tests reflected in invoice/Approximate Number of tests performed under POC PO	[number should reconcile or be less than Total Number of Tests Performed]
Staff/HCP Identifier	Total Number of Tests Performed under This Invoice
ID 123	2
ID 456	2
ID 789	1
additional line for each staff covered under invoice and # of tests under reimbursement	



- Focuses on primary goal of CARES Act Stewardship. Was funding used for intended purpose?
- Pulls from fields already completed in Portal.
- Allows for multiple testing approaches within same reporting period.
- Recognizes that costs/invoices/payments don't neatly align with testing weeks and reporting periods. Case Numbers help connect the 2.
- Provides flexibility in listing staff/HCP covered, which may change from invoice to invoice.
- Recognizes that invoices/POC purchase orders may include resident testing.
- One workbook to cover all payments, each invoice/POC PO having own tab.
- Submission timeline will coordinate with payment cut off under this initiative.

Staff Roster

- The purpose of the roster is to “show the work”: providing the staff-level detail supporting the costs associated with each actual case/invoice.
- Should not be submitted until final Actual Cost Case/invoice submission.
- Is NOT required if provider did not seek payment under Secretarial Orders 2 & 4 for testing costs.
- **To be distributed before 12/10 session.**

Staff Identifiers

- For privacy purposes, staff identifiers should not reflect the identity of the staff member.
- Providers should be prepared to show who “staff 123” is upon request.

Next Week's Session

- **Q&A**
- **Anticipated lookback: safeguards and process**
 - **Reminder of safeguards in place to prevent erroneous submissions:**
 - Attestation
 - Internal reconciliation, cutbacks and validation
 - **Anticipated lookback process**
 - Office of the State Auditor
 - NC Medicaid Office of Program Integrity
 - **Recoupment Guidance**
 - What if provider needs to return money based on an error the provider identified?
 - What if the provider needs to return money based on an audit finding?
 - **Testing and related Portal Submissions after 12/30/2020**
- **NEXT SESSION 12/10/2020 @ 1:30 – 2:30p**

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!)

Appendix

Staff Level Roster as Part of Reconciliation Process

Reminder of slides shared during August Training

Vendor Invoice/Roster

- Itemized vendor invoice or staff/HCP roster will be required as part of reconciliation (not required for interim payment).
- Vendor invoice/roster must include minimally
 - Staff level detail of number of tests performed and DOS.
- NC DHHS will develop roster template and distribute.
- If nursing home sought an interim payment for testing-related costs, the roster will need to include all HCPs tested, regardless of testing methodology.

Simplified Example for Illustration Only: Staff Roster Template

Staff Roster	Tests performed for Dates of Service: [listed here] Tests	Additional data elements as required by the Department (TBD).
Staff A	4	
Staff B	6	
Staff C	4	
Staff D	4	

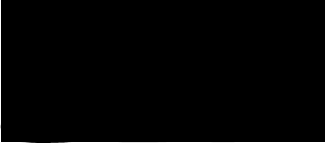
Reminder: Staff Roster, Modifications and Updates

- Due to the variance in invoice formats and types of testing now covered, each provider receiving interim payments under Secretarial Order No. 2 and No. 4 will provide a de-identified staff roster as part of its reconciliation process.
- Feedback from template circulated among “pilot” facilities (thank you!) is being considered and may result in a modified format to better meet facility’s current tracking.
 - Tracking by de-identified staff across Reporting Periods
 - Tracking by Reporting Period, listing de-identified staff
 - Proposing additional streamlining: tie to invoice

Our Invoice Reality

INVOICE

BILL TO



SHIP TO



INVOICE # 22303
DATE 09/30/2020
DUE DATE 10/30/2020
TERMS Net 30

Invoices provide documentation of how resources were spent but don't tell the full picture. Providers may have limited ability to influence how invoice is formatted/what content included.

Provider had multiple Case Numbers associated with this particular invoice. Invoice did not provide IDs of staff tested. This invoice likely covered resident testing costs as well.

ACTIVITY	QTY	RATE	AMOUNT
L19 Lab Testing - Covid 19	621	90.00	55,890.00
BALANCE DUE			\$55,890.00