

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 2 of 2

12/10/2020, 1:30p-2:30p

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>	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
Upcoming: Medicaid Special Bulletin to communicate Final Reconciliation process and requirements	
Anticipated: Department-level guidance on testing after 12/30/2020	

Today's Session

- **Please see 12/3/2020 session additional guidance.**
- **Financial Reconciliation Process**
 - Overview
 - Safeguards for Success
 - Preparing
- **Next steps for Testing Reporting through Portal**

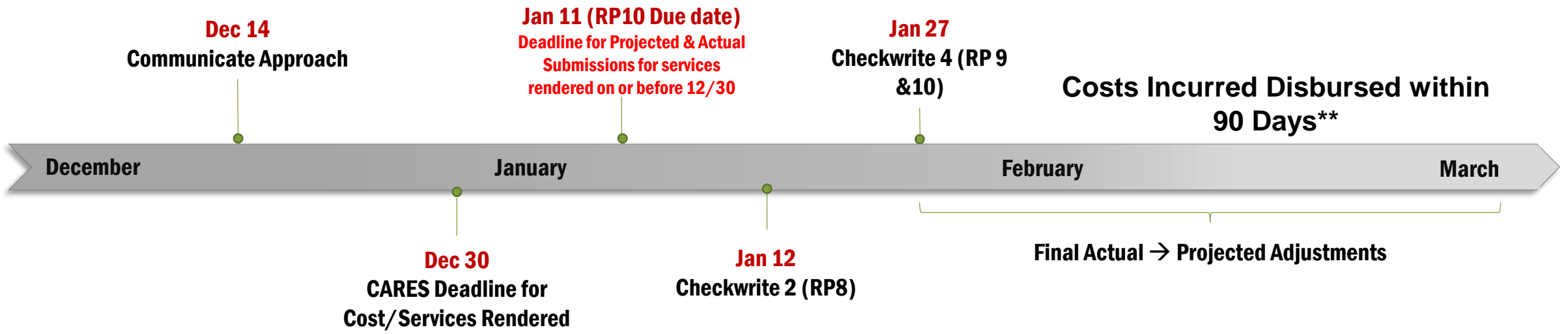
Final Reconciliation Overview

- 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

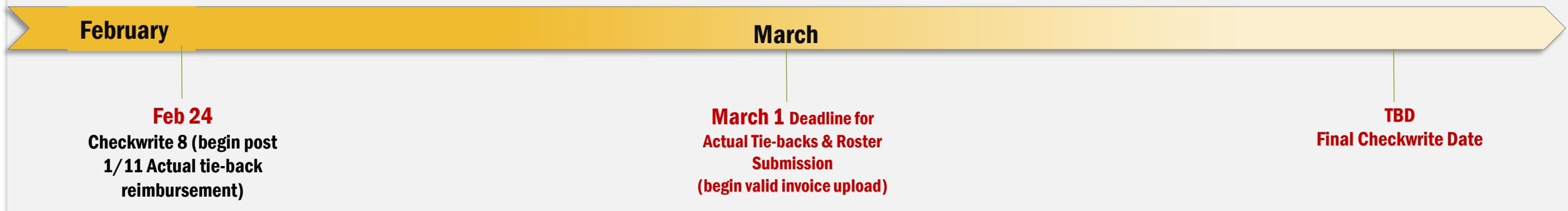
- Providers are expected to submit Actual cost case within 30 days of receiving invoice.
- Activities supported by CARES Act funding at this time completes 12/30/2020
- 1/11/2021: All costs through 12/30 must be submitted as Actual cost or Projected cost case, if invoice is not yet available.
- 1/12/2021-3/1/2021: 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: Updated



Final Adjustment Period

Dates Subject to CARES Funding Availability**



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

“Safeguards for Success”

- **Attestation**
- **Internal reconciliation, cutbacks and validation**
 - Confirming perceived duplicates
 - Confirming projected to actual submissions
 - Revised Portal functionality to enable projected to actuals linkages.
 - Review testing submission to ensure provider has submitted testing data for reporting period.
 - Ensure costs submitted are within the allowable per unit reimbursement limit.
- **Medicaid Provider Agreement or Comparable Initiative Specific agreement for nursing homes that do not participate in Medicaid.**
 - All Medicaid enrolled providers are covered under a Medicaid Provider Agreement which includes guidance on records retention and audit related elements.
 - Medicaid Provider agreement was model for Agreement signed by every participating provider not enrolled in NC Medicaid.

Anticipated Final Reconciliation Process

- Following timelines established in diagram, DHB will finalize its Projected to Actual reconciliation and
 - Assess if recoupment is necessary;
 - Ensure outstanding authorized financial submission cases are processed within timelines established;
 - Communicate with individual providers as applicable.

Steps Providers Can Take

- Get ACTUAL COSTS Submitted as quickly as possible (expectation is within 30 days of receipt).
- Put these calendar dates in red on your organization's calendar:
 - **12/30/2020:** the last day testing activities are covered by CARES Act funding. Any testing activity conducted after 12/30 should not be submitted for reimbursement under this initiative.
 - **1/11/2021 (Reporting Period 10 Deadline):** If you have invoices/actual costs, you need to submit them by this date. If you don't yet have invoices for testing activity between 8/7/20 and 12/30/20 and are seeking payment, you should submit a projected cost case to note anticipated cost.
 - **3/1/2021: Actual cost cases for invoices not available on 1/11/2021 now due.**
- Prepare Key Submissions

Key Submissions: Invoice with each Actual Cost Case

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.

Additional Key Submissions: Valid Invoices

- **Have conducted sample review of actual cases to ensure invoice integrity**
- **If you have submitted an actual cost but it did not satisfy this criteria, please submit an email to Medicaid.ProviderReimbursement@dhhs.nc.gov including**
 - **Provider Name**
 - **applicable Actual Case Number**
 - **Attachment of invoice meeting the criteria outlined above.**

Staff Roster Overview

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 **but no later than 3/1/2021.**
- Is NOT required if provider did not seek payment under Secretarial Orders 2 & 4 for testing costs.

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.

Guidance about Potential Recoupment

What if provider needs to return money based on an error the provider identified?

- Please communicate immediately to Medicaid.ProviderReimbursement@dhhs.nc.gov for additional instructions.

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.

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!)