



# **COVID+ Report Template for In-Home Providers**

## **Technical Assistance Session, 1 of 2**

**June 3, 2020**

# Overview of Today and Subsequent Webinar

This will be a two-part webinar series.

## **Today's Priorities:**

- Overview of Special Bulletin and confirmation of impacted providers.
- Overview of reporting tool.
- Fielding questions to inform process.

## **Next Session:**

- FAQ responses and additional guidance.
- Additional Guidance

# Report is Referenced In Special Bulletin COVID-19 #93

- Special Bulletin COVID-19 #93 Targeted Rate Increase, Additional Hours and Associated Reporting Requirements for In-Home Personal Care Services (PCS) Providers under State Plan PCS and CAP/C and CAP/DA Waivers.
  - Additional, time-limited rate for serving COVID+ Medicaid beneficiaries.
  - Additional, time-limited increase in hours, as appropriate, for serving COVID+ Medicaid beneficiaries.
  - Recognizes “close contact” support needs of COVID+ beneficiaries in home-based settings.
- Report developed as a high level information source on provider experience.
- Attempts to harmonize with similar reporting requirements under other Bulletins/COVID response initiatives.
- Because concept is evolving, this report template should be considered preliminary.

# Special Bulletin COVID-19 #93 Applies To the Following Services

Providers serving COVID+ Medicaid beneficiaries under the PCS; CAP/DA; CAP/C services provided below (as listed under Medicaid Fee Schedules).

## State Plan PCS

- Attendant Care (99509 HA and 99509 HB only)

## CAP/DA

- CAP In-Home Aide
- In-Home Aide Congregate Services

## CAP/Consumer Direction

- In-Home Aide
- In-Home Aide Congregate Services
- Personal Assistance Services
- Personal Assistance Congregate Services.

## CAP/Children

- In-Home Aide
- Pediatric Personal Care
- Personal Care Assistance Services
- Personal Care Assistance Congregate Services
- Pediatric Nurse Aide Congregate Services.

# How Special Bulletin COVID-19 #93 Modifies Current Rates

RATE RESPONSE	15 minute UNIT RATE	NOTES
Pre COVID Base	Varies depending on service	
COVID Response Prior to Special Bulletin #93: (After 5% and 10% rate increase)	Varies depending on service	See Special Bulletins #32 and #88 Time-limited, not tied to serving COVID+ beneficiaries.
Today's Discussion: Special Bulletin #93: If serving COVID+ beneficiary.	Total unit rate for serving COVID+ beneficiary: \$8.25	Time –limited, applicable to COVID+ beneficiaries.
	Additional 40 hours, as appropriate for serving COVID+ beneficiaries.	

# Additional Information about Rate Applicability and Billing

## Rate Applicability

- Rates and Reporting are currently time-limited.
  - Currently available through June 30, 2020, may be extended beyond, subject to budget availability and continued emergency declarations.
- Special Bulletin #93 and report are not applicable to retainer payments related waiver programs under Appendix K.

## Recommended Steps for Billing

- Report discussed today will activate process for establishing an NPI-specific rate increase authorization.
- Modifications for both increased rates and increased hours are in process. Functionality should be established by mid June.
- If provider has not yet submitted eligible claims, NC Medicaid recommends holding claims until technical functionality is established, following billing guidance provided.
- If provider has already submitted eligible claims (for DOS 4/1/2020, forward), without U07.1 diagnosis, provider will need to resubmit with diagnosis code.
- Additional billing guidance will be forthcoming.

# How Reports Are Used

- Activates NPI-specific, COVID-rate availability.
- Provide high-level information on how increased rates are being used by organizations.
- Provide insight into COVID experience and service “pathways” of Medicaid beneficiaries.
- Will be used to inform any lookback analysis.
  - Are beneficiaries for whom provider is claiming reflected on the report?
- Providers can use this report to communicate additional information that may be helpful about the COVID experience.

# Additional Reporting Clarifications

## Who completes this report?

- Expected to be submitted by in-home/personal care provider/financial management providers for consumer-directed beneficiaries.
  - NOT CAP case manager.
- Reporting provider = individual NPI
- If there are multiple locator codes applicable under a single NPI, please note locator codes on face sheet and on beneficiary line under “Comments”
- Parent organization are encouraged to all reports in one email submission.

## Who and What Are Tracked on the Report?

- Tracking is necessary for COVID+ Medicaid beneficiaries only (not all COVID+ clients provider may be serving.).
- Reporting beneficiaries for whom providing billable service. If claiming the COVID+ rate for serving the beneficiary, the beneficiary should be on the report.
- Report does not track hours but if provider provides additional hours to beneficiary, beneficiary should be included on report.
- Billable days listed should be supported by U07.1 diagnosis on claim.



# Report Review

# When is an Individual Recovered?

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

For more information about “recovery” standard, 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>

## Reporting Submission Timing

- May apply back to April 1, if reporting can be appropriately provided.
- Bulletin indicated: Should submit April and May detail: no later than June 10<sup>th</sup>
- NC DHB will be scheduling a follow-up training for Friday, June 12, 11:30-12:30.
  - To register:
- Recommending hold report submission until Friday, June 19<sup>th</sup>

# Questions?

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