NC DHB Outbreak Facility Reporting

Technical Assistance Session for Nursing Facilities

May 15, 2020

Report is Referenced In Special Bulletin #82 (updating 68)

- SPECIAL BULLETIN COVID-19 #82: Expedited Hardship Advances and Retroactive Targeted Rate Increases for Skilled Nursing Facilities and Adult Care Homes Serving COVID-positive Patients

- *Providers claiming enhanced reimbursement due to a COVID-19 Outbreak, must report COVID-Outbreak site status and COVID-positive (COVID+) resident status monthly to DHB.*

2

How Reports Are Used

- Help provide a cross check for COVID-related Medicaid payments.

- Provide high-level information on how increased rates are being used to address the Outbreak.

- Provide insight into service "pathways" of Medicaid beneficiaries.

- Feel free to use this report to communicate additional information you think may be helpful about the COVID experience.

- What they're not:
  - A full accounting of facility's Outbreak resident census.

3

SNF COVID RATE RESPONSE: OUTBREAK

1st confirmed diagnosis	2nd confirmed diagnosis	Each confirmed diagnosis	Other residents- not COVID+

OUTBREAK

Base rate only	Base rate	Base rate	Base rate
	Outbreak/ COVID Facility Rate	Outbreak/ COVID Facility Rate	Outbreak/ COVID Facility Rate for each resident
	COVID+ Resident Rate	COVID+ Resident Rate	

TERM	Description
Base Rate	Current facility rate.
Outbreak Facility Rate	The $86.64 rate, increase to facility base per diem rate during the outbreak.
COVID+ Resident Rate	The $561.00 rate, applied to specifically to those COVID+ residents.

Is facility still experiencing an outbreak?

FACILITY MONTHLY REPORTING
Facilities to report census and confirmation whether outbreak is resolved.
"Outbreak Rate" applies until outbreak considered concluded.

Each new case is reported (sitrep). DPH declares an outbreak over when 2 incubations periods pass without identification of a new case. COVID timeframe = 28 days from the last case onset.

End of Each Month

June 30, 2020

All COVID-related rates end **unless** State of Emergency is extended.

NOTE/ASSUMPTIONS: COVID+ Resident rate duration aligned with appropriate ICD 10 diagnosis

4

Completing the Workbook: Always Start Here.

Instructions on Completing Report
☐ Please review Special Bulletin COVID-19 #68 before proceeding.
☐ Please only include COVID 19 + residents (not full census) on this report.
☐ The same workbook should be submitted monthly, with an updated tab for each applicable month.
☐ If a provider has multiple affected facilities, please submit a separate workbook for each facility.
☐ Please submit on the 5th of the month following the reporting month (please note extension provided for April, 2020 reporting until May 11, 2020).
☐ If you need to update a previous month's entry, please reflect this change in red text, using strikethroughs where necessary. Failure to do so may result in changes not being accepted and may impact payment.
☐ Thank you for completing the brief survey to the right, indicating how Outbreak rate funding is being used to address the Outbreak and to provide additional information requested.
☐ Please review the CDC's guidance on ICD-10 code U07.1 to ensure proper coding and claim submission.
☐ Please include each resident's MID = Medicaid Identification Number
☐ Please note Comments on select headers that provide additional guiadance.
☐ Please note the use of drop down options on certain fields.
☐ We have included a placeholder tab ("Copy for future months") if reporting is extended beyond June, 2020. Please make a copy of the tab before using and rename the tab for the appropriate month.
☐ Please rename your file for submission, using the following naming convention: NC DHB Outbreak Facility Reporting [insert Reporting Period's MM/YY] [Name of Reporting Facility]
☐ Report should be sent using an encrypted email and submitted to Medicaid.ProviderReimbursement @dhhs.nc.gov

5

And Here….

F	G	H	I	
Resident's COVID-19 Onset Date	Total Days During Reporting Month Diagnosis Code U07.1 Applied	Last Day in Reporting Period Diagnosis Code U07.1 Indicated	Resident Status as of Last Day of Reporting Month	If 1

Farnham, Patricia J: The first date which the diagnosis code U07.1 is appropriate and applied by the facility.

Farnham, Patricia J: Please report total number days in reporting period for which diagnosis code applied/claiming COVID Rate for this resident.

Farnham, Patricia J: This is intended to track the last date a claim will include the U07.1 diagosis code. However, if the diagnosis code is applicable into the following month, please list the last day of the month and select "COVID +" under Resident Status in Column J. Last day facility applied diagnosis code.

Farnham, Patricia J: Please see CDC guidance on Discontinuation of Transmission-Based Precautions for additional

6

3

Additional Requests/Clarifications:

- Tracking is necessary for <u>COVID+ Medicaid beneficiaries only</u> (not full census).
  - Please include MID.
  - Please include COVID+ Duals, even if Medicare is the primary payer.
  - Please include only those for whom U07.1 diagnosis is appropriate.

- If Outbreak status due in part to employee's or non Medicaid resident's COVID+ status, please note on Face Sheet (as illustrated on next slide).

- If changes are needed based on this guidance, no need to resubmit, please just reflect revisions in this month's information with May reporting month submission.
  - Please follow revision guidance on Face Sheet.

7

Face Sheet: Updated Guidance

- For each month requesting Outbreak-based rates: **IF** the COVID+ Medicaid resident detail provided is not sufficient to reflect Outbreak status (i.e. there are less than 2 listed) for that reporting month, please provide:
  - Reporting month;
  - Outbreak Report Date and
  - Description of what triggered Outbreak status.

Required Information	Response	Provider Notes
Facility Name and Affiliated Provider (if different) Submitting Report		
NPI of Submitting Facility		
License Number of Submitting Facility		
Facility Physical Address		
Facility/Provider Billing Address		
Provider Type (Nursing Facility or Adult Care Home)		
Reporting Period (example: April, 2020) for this Submission		
Report Submission Date		
Have you applied or are you planning to apply for a Hardship Advance? (please update each reporting period)		
Has previous month's reported data been revised or ammended this reporting period?		
Provider attests that information submitted is accurate and that COVID-19 diagnosis code U07.1 is appropriate for all residents included in this reporting period's submission.		EXAMPLE [if beneficiary information provided does not reflect Outbreak status] Reporting Month: May 2020; Outbreak Report Date: April 7, 2020; Outbreak triggered by 1 employee and 7 non Medciaid residents.

8

Face Sheet: Updated Guidance

Thank you for providing this information:

Outbreak-Related Activity	Please mark an X for activities funded with Outbreak Rates this reporting period.
Direct care staff base rate increase/hazard pay increase	
Direct care staff overtime costs	
COVID-related staff training	
Additional/Specialized PPE	
Additional/Specialized Equipment	
New/expanded infection control-related or costs not otherwise reflected	
Facility Modification	
Other	

General Updates on COVID Response Management [free text, update monthly if needed]

Brief Description of Cohorting Strategy (dedicated wing, floor, facility)

General Status Update (identified challenges, lessons learned, staffing/training/supply needs, other)

9

When is an Outbreak Over?

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

For more information about "recovery" standard, please see: 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

Outbreak is 2 or more laboratory-confirmed cases in residents or staff.
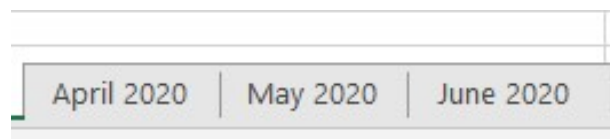
• **When is it over?**

Public Health Guidance: *In a congregate living setting, a COVID-19 outbreak is defined as two or more laboratory-confirmed cases. An outbreak is considered over if there is not evidence of continued transmission within the facility. This is measured as 28 days after the person identified as the last case began having symptoms, or their date of specimen collection if they didn't have symptoms. If another case is detected in a facility after an outbreak is declared over, the outbreak is not reopened. It is counted as a case in congregate living settings, and if a second case is detected within 28 days in the same facility, it is considered a second, new outbreak in that facility*

If you need guidance in determining if Outbreak has concluded, please contact Local Health Department

From footnote 5 at https://covid19.ncdhhs.gov/dashboard#by-congregate-living

10

Reporting Submission Timing

- Please submit any April reports no later than this week.
- If you are experiencing an Outbreak again in May, you will submit an updated version of the same workbook, completing the tab for May, 2020 and updating the document's name with "May" as reporting month.

| April 2020 | May 2020 | June 2020 |

11

Questions?

Medicaid.ProviderReimbursement@dhhs.nc.gov

12