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

<table>
<thead>
<tr>
<th>RATE RESPONSE</th>
<th>15 minute UNIT RATE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre COVID Base</td>
<td>Varies depending on service</td>
<td></td>
</tr>
<tr>
<td>COVID Response Prior to Special Bulletin #93: (After 5% and 10% rate increase)</td>
<td>Varies depending on service</td>
<td>See Special Bulletins #32 and #88 Time-limited, not tied to serving COVID+ beneficiaries.</td>
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<td>Additional 40 hours, as appropriate for serving COVID+ beneficiaries.</td>
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**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.

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 10th

• 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 19th
Questions?

Medicaid.ProviderReimbursement@dhhs.nc.gov