NC Department of Health and Human Services

COVID-19 Testing:
Reporting under Secretarial Order #2

Part 2 of 2
August 21, 2020, * notes revisions
Overview of Today’s Session

• **Testing Reporting**
  - Registering to use Overview of registration process with screen shots
  - Tour of REPORTING section of Portal.

• **Financial Process/CARES Act Overview**
  - Accessing
  - Payment process
  - Overview of reporting requirements
  - Next Steps

• **Next Steps**

• **Materials to Support You**
  - Timetable reference
  - Appendix Materials
  - Coming Soon: knowledge articles and website
Reminder: The Scope of Secretarial Order #2

Secretarial Order #2

Covered by Reporting Requirements

- Bi-weekly staff testing (Serial Testing)
- Weekly testing of staff (if positive case newly identified or in Outbreak status)
- Weekly testing of residents (if positive case newly identified or in Outbreak status)

Funding support available through CARES Act

Funding covered through resident’s health plan or other resources.
Reporting Tool Updates

• BIG thanks to our pilot partners who dedicated 3+ hours to helping us.

• Portal will go live on Monday, 8/24/2020.

• Will be sending out registration link on Monday, along with registration process steps and access to customer support.

• Reminder: first Office Hours will be held on Thursday, 8/27/2020 from 10:30-11:30. Will be dedicated to financial portal tour.
COVID-19 Testing: Nursing Home Reporting
A Tour

Your Home Base Screen

For most nursing homes, this link won’t be needed

Today’s focus

Supporting Financial Documentation
Tour on Thursday 8/27 and screen shots included in Appendix
CARES Act Overview and Requirements

- Section 2.2 of NC Session Law 2020-4 establishes the Coronavirus Relief Fund, using funds allocated to NC through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act.

- Section 3B.(b) of SL 2020-88 appropriates funds to DHHS for COVID-19 “testing, tracing, and trends tracking” -- $25M has been dedicated to nursing home staff/HCP testing activity under Secretarial Order #2.

- CARES Act funding is a stated priority for State Auditor review.

- Time-limited: CARES Act funds must be spent by 12/30/2020.

- Subject to funding availability: it is uncertain whether other funds beyond the $25M may become available for nursing home staff testing.

- Funds may be used for eligible testing conducted on or after the Secretarial Order #2 effective date (August 7, 2020).
CARES Act Payment Process is Established for All Nursing Homes Covered by Secretarial Order #2

• Nursing homes enrolled in NC Medicaid with active NPI, will receive payment as part of their regular checkwrite, identified as a separate line item on RA.

• Nursing homes not enrolled in NC Medicaid will submit an NC (not federal) Substitute W-9 and be established as a vendor.
  - Electronic funds transfer (EFT) available but not required.
  - See instructions in Appendix.
Goals of Interim Payment Design

• To ensure providers have prompt payment source to cover testing-related costs, even if vendor invoices are delayed.

• To accommodate as many testing arrangements as possible, recognizing each facility has established its own process.

• To create a process that is both responsive to provider need and complies with CARES Act auditing requirements.
Overview of Interim Payment Design and Process

- NC DHHS will provide interim payments to facilities on a monthly basis based on preliminary testing counts provided in the COVID-19 Testing Nursing Home Reporting Portal.
  - Providers should enter preliminary testing counts into Portal on required Reporting Period timeframes.
  - NC DHHS will authorize interim payments based on proper submission.
  - Vendor invoices/HCP roster is not required to process interim payment (but will be as part of Reconciliation, see below).
  - Payment schedule will follow NC Tracks Checkwrite Cycle.

- Payments will be calculated based on a rate of up to $125.00 per test.

- NC DHHS will later reconcile interim payments to actual costs up to $125.00 per test later in the year (subject to CARES Act timelines and funding availability).

- NC DHHS will recoup overages if interim payment(s) exceeded actual tests performed.

- Supporting documentation is not required at the time of interim payment but will be required to verify testing activity as part of reconciliation process on a date to be determined.
Accessing Interim Payments: Scenario

- Provider has conducted 500 tests that are eligible for CARES Act payment between 8/7/2020 and 8/30/2020 that are eligible for $125 per test payment.

- Provider enters 500 test count and provides the projected costs associated with these tests into the *Supporting Financial Documentation* of the Portal, submitting it on the timeline established for all reporting. For Reporting Period 1, this is 9/8/2020.

- Provider may submit invoice/roster at this time but is not required to.

- NC DHHS team will review submission and if approved for processing, will provide payment for 500 tests x $125 per test = $62,500 to nursing home as part of Cycle 37 on NC Tracks Checkwrite Cycle with EFT transfer occurring on 9/23/2020.

- As part of reconciliation process, provider uploads supporting vendor invoices or roster that validates each test (with dates of service) that “match” to the projected costs reported through portal.
Public Resource Stewardship

• Providers will attest to good faith submission and adherence to established requirements.

• If not otherwise reflected on vendor invoice, providers will be required to submit a de-identified staff roster, using a template developed by the Department which includes
  – Tests performed
  – Dates tests performed
  – Total costs of testing
Simplified Example for Illustration Only: Staff Roster Template

<table>
<thead>
<tr>
<th>Staff Roster</th>
<th>Tests performed for Dates of Service: [listed here] Tests</th>
<th>Additional data elements as required by the Department (TBD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff A</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Staff B</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Staff C</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Staff D</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Interim Payment Process Recap

Testing Method

• Vendor-based
• Other

Interim Payment

• Up to $125 x # staff/HCP tests reported in Financial Section of COVID-19 Testing Nursing Home Reporting Portal
• Preliminary information provided each reporting period.
• Interim payment processed monthly

Reconciliation Requirements

Verification Required as Part of Reconciliation:
• Vendor invoice that meets documentation criteria OR
• Vendor invoice that doesn’t meet documentation criteria+
  facility roster/documentation roster/supplement OR
• Facility roster/documentation

Not covered: tests covered by third party payers even if numbers are reflected in the Testing Section of portal
Next Steps

- Providers will receive an email on Monday
  - Link to Portal/Registration
  - Additional training resources
  - Contacts for Customer Support

- Also Coming Your Way:
  - Reporting and Payment Schedule
  - User “desk reference” and training videos if needed.
Appendix: What’s Included

• Key Reporting Term Definitions (will also be included in upcoming reference materials)
• Guidance for nursing homes that do not participate in NC Medicaid program for accessing funds under Secretarial Order #2
• Screenshots of Portal
COVID-19 Testing Nursing Home Portal
Term Clarifications
Defining “Staff Census:” Who is Covered?

- As noted on 8/17/2020 Training Webinar
  - NC DHHS follows the CDC’s health care professional (HCP) definition.
  - While each facility will interpret definition based on the facility’s circumstance, facilities are strongly encouraged to interpret broadly, erring on the side of covering more staff/HCPs than fewer.

- Staff/HCP Census should include:
  - Those eligible HCPs who are under the direct authority of the facility either as a paid staff member, a contractor or a volunteer.
  - Facilities should have screening procedures in effect for all visitors, but for the purposes of Secretarial Order #2, the following HCPs are not considered to be “under the direct authority of the facility.” They are *not* required to be part of facility’s testing census.
    - External contractors who work with the facility resident, such as hospice nurses employed by a separate agency, paramedics, or caregiving staff employed by the resident’s family.
Defining “Staff Census:” When do We Count?

- NC DHHS recognizes that “staff census” is not a fixed number: staff resign, new staff are hired, etc.

- NC DHHS will accept an estimated HCP census when reporting census and encourages facilities either:
  - Use a “point in time” count based on the first day of the first reporting period (August 17, 2020) and report this count as census number in subsequent reporting periods; or
  - continue its current count logic, so long as logic is consistent with NC DHHS HCP definition and remains consistent through the duration of Secretarial Order #2.
Staff/HCP Testing Count:  Who Do We Include?

Generally, facility should include all HCPs tested in reported count.

Should these HCPs be included in our testing pool/count?

- Staff/HCPs who work at multiple facilities (within the provider’s own facility network):
  - A: If staff/HCPs work at multiple facilities and documentation of recent testing is available, the staff/HCP does not need to be tested by reporting facility but *may* be included in the count if otherwise reflected in the census and supporting documentation is available.

- Staff/HCPs who get tested by an outside source (like community site):
  - A: If staff work at multiple facilities and documentation of recent testing is available, the HCP does not need to be tested by reporting facility but *may* be included in the count if otherwise reflected in the census and supporting documentation is available.
Staff/HCP Tested Count: What HCPs may be Excluded from Testing?

- Facilities may adopt a more rigorous strategy for testing PRN staff and staff who otherwise miss the testing cycle, but minimally:
  - PRN staff/HCPs should be included in any testing activity occurring in the week they work but do not otherwise need to be included in testing activity.
  - Staff/HCPs on leave during the scheduled testing cycle should be reintegrated into the next testing cycle upon their return.

- Staff/HCPs (or residents) who previously tested positive within the past three months (regardless of whether they were asymptomatic or symptomatic), and are now asymptomatic, do not need to be retested as part of PPS testing. Residents and HCPs who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be evaluated by their medical provider.
  - NOTE: If the positive test result is over three months old, the staff member/HCP should be reintegrated into the biweekly staff/HCP testing.

- Staff/HCPs working on a larger campus (i.e. CCRC) but not within the nursing home are not within the scope of the testing and should be excluded from both census and testing counts.

- Staff/HCPs who work in a combination facility but do not work in the nursing home section of the facility.
Additional Guidance for Nursing Homes that are Not NC Medicaid Providers
Overview of Payment Set Up for Nursing Homes That Do Not Participate in NC Medicaid

Provider will complete an NC OSC Substitute W-9 (NOT federal W-9) and be established as a vendor with NC DHHS.

Form available at NC Office of State Controller’s website and [here](http://example.com).

- Provider can elect to sign up for EFT through Controller’s Office (but may not elect to do so).
- Providers should submit NC OSC Substitute W9 form to Medicaid.ProviderReimbursement@dhhs.nc.gov no later than Friday, 8/28 in order to ensure prompt payment. *
- Participation agreement may be required.

* Email address corrected from earlier version’s typo
COVID-19 Testing: Nursing Home Reporting Portal Screen Shots

* Original screen shots removed to direct readers to revised version.