**NC Medicaid COVID-19 Outbreak Site State Reporting Template Overview, v6**

**5/11/2020, Updated 6/15/2020**

As noted in [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](https://medicaid.ncdhhs.gov/blog/2020/05/06/special-bulletin-covid-19-82-expedited-hardship-advances-and-retroactive-targeted) 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.

Please review the bulletin at the link provided above before proceeding.

These instructions accompany the NC Medicaid COVID+ State Reporting Template. These instructions and the template apply to **nursing facilities and adult care homes experiencing a COVID-19 outbreak (“Outbreak Facility”)**. This template does **not** apply to COVID-Response Facilities.

**Technical instructions** for completing the template are found on the Face Page of the template workbook.

**Additional Guidance for Completing the Template**

* The generic template document is named: *NC DHB Outbreak Facility Date Reporting Provider Template.* Each reporting provider **must** customize the document’s name for submission, following the instructions provided.
* The increased rates for COVID-Outbreak sites are active for dates of service (DOS) of April 1, 2020, forward.
* Please ensure all COVID+ residents listed on the template have a diagnosis consistent with ICD 10 U07.1 diagnosis criterion.
* Please list only Medicaid beneficiaries who are COVID+
* COVID+ staff information is not required. However, if the facility’s Outbreak status hinges on an employee’s status, please note such in a Provider Note on the Face Page.
* The workbook is designed to be completed by /submitted for the facility that has experienced the Outbreak. If a provider has multiple Outbreak facilities, please submit a separate workbook for each facility.
* Please submit an *updated, amended* version of the *same* workbook each reporting period so that a single workbook is revised monthly and includes a new a tab each month the facility experienced an Outbreak. Please submit this to [Medicaid.ProviderReimbursement@dhhs.nc.gov](mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov).
* Please note: the reporting deadline is the 5th (or following business day) of the month following the reporting period. For April, 2020 reports, the deadline is extended to Monday, May 11, 2020.

If you have additional questions, please contact [Medicaid.ProviderReimbursement@dhhs.nc.gov](mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov)