Agenda, 6/25/2020

Topic	Presenter/Facilitator
Global / National / State Novel Coronavirus (COVID-19) Epidemiology Update	Jennifer MacFarquhar, MPH, BSN, RN, CIC *Director, SHARPPS Program*
Infection Prevention Recommendations	Jennifer MacFarquhar, MPH, BSN, RN, CIC *Director, SHARPPS Program*
Easing of Restrictions in Residential Care Facilities	Jennifer MacFarquhar, MPH, BSN, RN, CIC *Director, SHARPPS Program*
Testing Update	Susan Kansagra, MD, MBA *NC Division of Public Health* Scott M. Shone, PhD, HCLD(ABB) *Director, NC State Laboratory of Public Health*
PPE Distribution Updates	Kimberly Clement, MPH, Paramedic *Program Manager, Healthcare Preparedness Program*
Medicaid Update	Dave Richard *Deputy Secretary NC Medicaid*
Discussion / Q&A	Call Participants – *Please type questions in chat feature*

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:
https://www.captionedtext.com/client/event.aspx?EventID=4476599&CustomerID=324

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Logistics for today's COVID-19 Forum

Question during the live webinar

Q&A
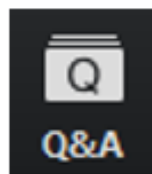
Technical assistance

technicalassistanceCOVID19@gmail.com

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Epidemiology & Infection Prevention

- Epidemiology Update

- Infection Prevention Recommendations

- Easing of Restrictions in Residential Care Facilities

Epidemiology & Infection Prevention Recommendations

- Cloth face covering: residents

- Facemask: staff

- Eye protection: staff (moderate to substantial community transmission)

- Cohorting/Grouping

- Maintain 6 ft social distancing

- Hand hygiene

- Screening

Easing of Restrictions:

Smaller Facilities (6 beds or fewer)

- Facility Types:
  - Family Care Homes
  - Behavioral Health/IDD
  - ICF

- Activities:
  - Visitation (Indoor / Outdoor)
  - Communal Dining
  - Group Activities
  - Outside / Off-Site Activities

Easing of Restrictions:

Larger Facilities (7 beds or more)

- Facility Types:
  - Adult Care Homes
  - Behavioral Health/IDD
  - ICF/PRTF

- Activities:
  - Outdoor Visitation

- Note:
  - Excludes nursing homes
  - Additional discussions underway

Testing Guidance

North Carolina is focused on rapidly increasing testing of people who may not currently have symptoms, but may have been exposed to COVID-19. This includes:

- Anyone with symptoms suggestive of COVID-19.

- Close contacts of known positive cases, regardless of symptoms.

- Groups of some of the populations with higher risk of exposure or a higher risk of severe disease if they become infected. People in these groups should get tested if they believe they may have been exposed to COVID-19, whether or not they have symptoms.

  - People who live in or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, migrant farmworker camp).

  - People from historically marginalized populations who have been disproportionately impacted by COVID-19. This fact sheet provides best practices for community testing in historically marginalized populations.

  - Frontline and essential workers (grocery store clerks, gas station attendants, child care workers, construction sites, processing plants, etc.)

  - Health care workers or first responders.

  - People who are at higher risk of severe illness.

- People who have attended protests, rallies, or other mass gatherings could have been exposed to someone with COVID-19 or could have exposed others.

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https://covid19.ncdhhs.gov/about-covid-19/testing

Testing Site Locator

COVID-19 Test Site Finder: Get Information on Coronavirus Testing Near You

Powered by community. Brought to you by Castlight

Share: [facebook] [twitter] [linkedin] [email] [pinterest]

Anyone with symptoms of COVID-19, such as fever, cough or shortness of breath, or anyone who has been exposed to someone with COVID-19 should self-isolate and talk to a health care professional.

- If you are experiencing symptoms of COVID-19 contact your health care provider or telehealth program to discuss whether you should be evaluated for testing.
- Call the test site before you go to learn about testing criteria, availability, hours and location. Not all health care providers provide testing on-site. Some require an appointment and/or referral from a health care provider. Locations are subject to change.
- Each COVID-19 test provider will determine if testing is appropriate based on your symptoms, risk factors and test availability.

FIND A TESTING SITE

Address   Submit

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https://covid19.ncdhhs.gov/about-covid-19/testing/find-my-testing-place

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CDC Testing Guidance on Nursing Homes

- Test **all** residents and staff in the nursing home if there is a new confirmed case of COVID-19

- Expect to identify multiple asymptomatic residents and staff with SARS-CoV-2 infection and be prepared to cohort residents and mitigate potential staffing shortages

  - If testing capacity is limited, CDC suggests directing testing to residents and staff on the same unit or floor of a new confirmed case.

  - If testing all residents on the same unit or floor is also not possible, CDC suggests directing testing to symptomatic residents and staff and residents who have known exposure to a case (e.g., roommates of cases or those cared for by a known positive staff).

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

Point-prevalence testing for Nursing Homes

DHHS identifying vendor to support initial point-prevalence testing needs for nursing homes

Nursing homes should continue to identify lab companies to support weekly staff testing or other needs

Home	Assistance ⌄	Divisions ⌄	Documents	Providers ⌄	News ⌄	About ⌄	Contact ⌄

NCDHHS Selects First Vendors to Expand Testing and Contact Tracing for COVID-19

Raleigh, N.C.

Jun 19, 2020

The North Carolina Department of Health and Human Services (NCDHHS) selected 26 businesses to form its initial pool of qualified vendors to support the state's response to COVID-19. North Carolina is responding to the pandemic on multiples fronts, including building the state's testing and contact tracing infrastructure, while surging assets in communities and populations that have been hardest hit by COVID-19.

"Given how contagious and potentially dangerous this virus is for some, it is essential that we can surge resources where they are needed most. We now have vendors at the ready that the state can put on the ground in local hot spots to support our communities," said NCDHHS Secretary Mandy Cohen, MD.

FQHCs and LTCs

- **Federally Qualified Health Centers (FQHCs) are working with long-term care facilities to conduct testing of staff and residents**

- **Some FQHCs are able to come on site to support testing**

- **List of FQHCs available at:**
  - **https://www.ncchca.org/health-centers/find-a-health-center**

- **FQHCs serve all patients regardless of insurance status**

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Healthcare Requests by Provider Type
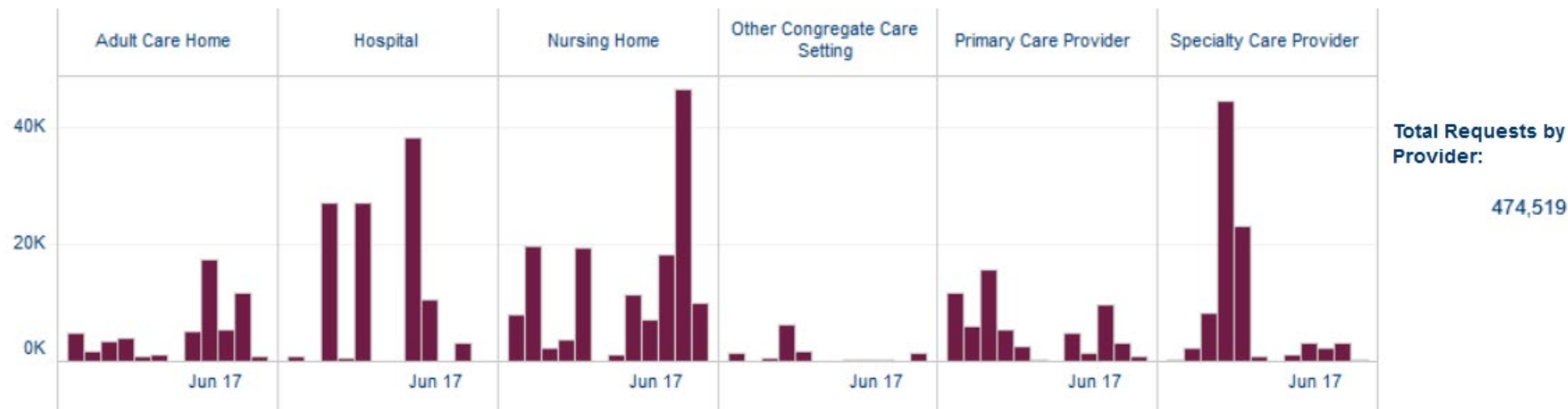
Healthcare Facility Requests by County | *County: All*
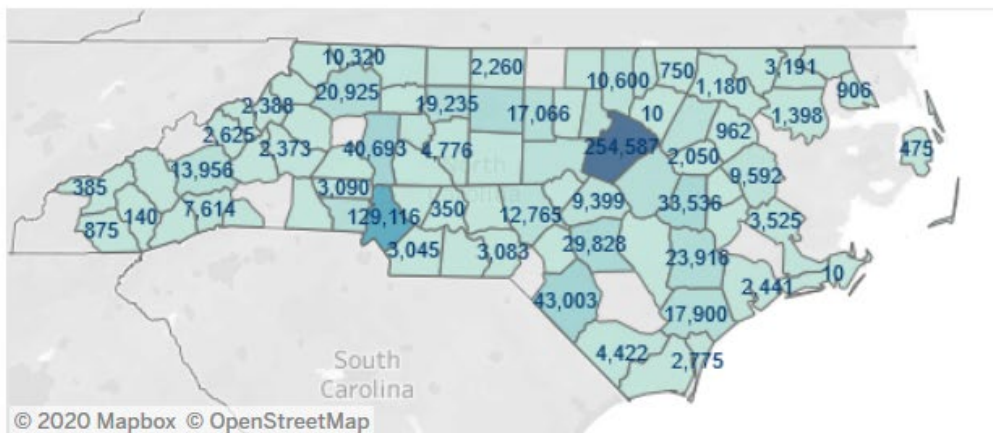
Requests Over Time | *County: All*

Total Requests by Provider:

474,519

NC Medicaid's Goals Related to Congregate Care/LTSS COVID-19 Response

To support COVID-related response and needs among facility-based and community LTSS providers, by leveraging Medicaid resources to:
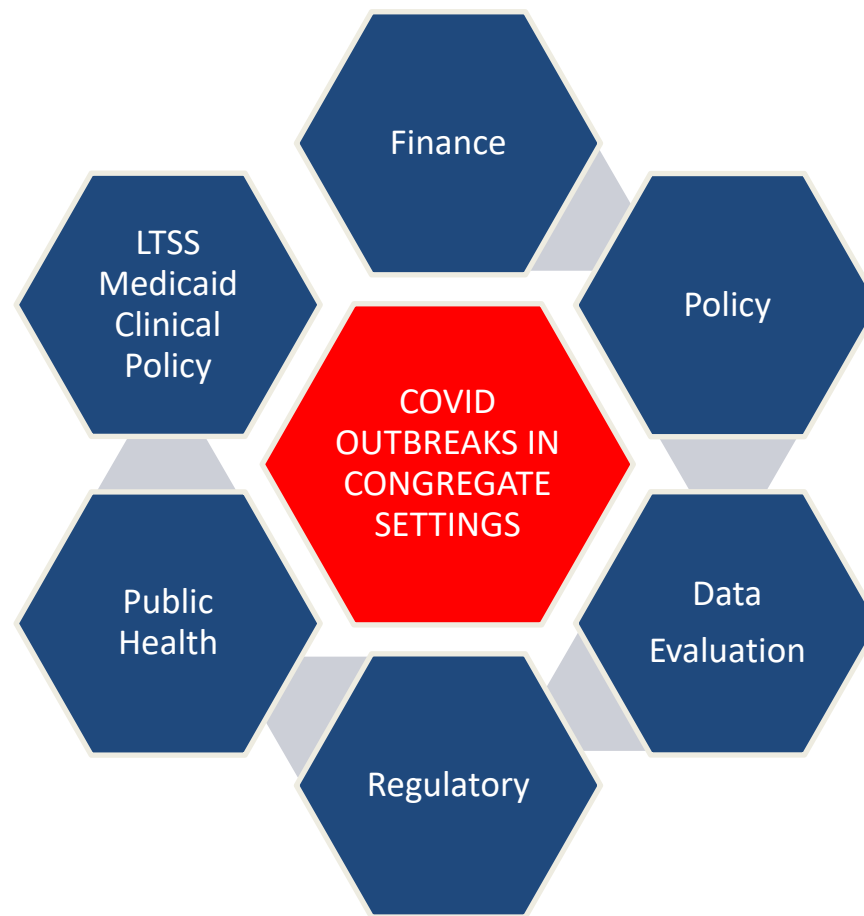
- Effectively support the care of COVID+ residents.
- Accommodate needs related to hospital discharge surge.
- Reduce transmission through effective infection management and prevention.
- Increase service flexibility for provider networks impacted by crisis.

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Like All Things Related to Long-Term Care…
The Response has been Interdisciplinary

Finance

Policy

LTSS Medicaid Clinical Policy

COVID OUTBREAKS IN CONGREGATE SETTINGS

Data Evaluation

Public Health

Regulatory

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COVID-Specific Rate Adjustments Anticipated to Continue

In previous Special Bulletins, NC Medicaid communicated it would evaluate extending COVID-related rate adjustments beyond June 30, 2020.

*At this time, NC Medicaid **intends to continue** these rates after June 30, 2020.
The current projected duration is through December, 2020.*

Continuation remains contingent on ongoing funding availability and the COVID emergency declaration.

Rate adjustment criteria as established in the relevant Special Bulletin will remain the same.

NC Medicaid is currently examining compliance rates with reporting associated with rate adjustments.
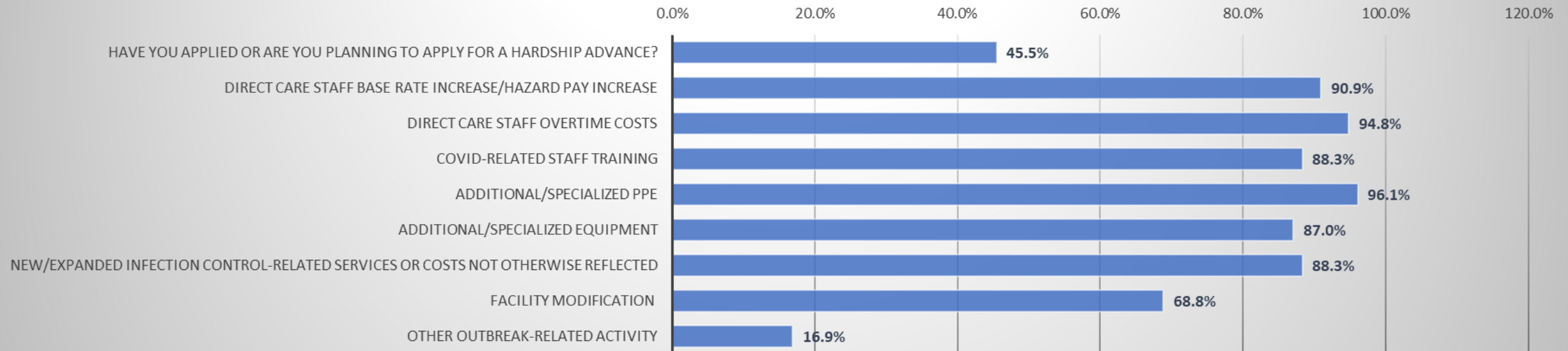
For LME-MCO specific funding arrangements, please contact applicable LME-MCO.

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How are COVID Outbreak Rates Being Used?

% Respondents that Answered "Yes" to Outbreak-Related Activity
(Out of Total Responding Facilities)

Activity	Percentage
HAVE YOU APPLIED OR ARE YOU PLANNING TO APPLY FOR A HARDSHIP ADVANCE?	45.5%
DIRECT CARE STAFF BASE RATE INCREASE/HAZARD PAY INCREASE	90.9%
DIRECT CARE STAFF OVERTIME COSTS	94.8%
COVID-RELATED STAFF TRAINING	88.3%
ADDITIONAL/SPECIALIZED PPE	96.1%
ADDITIONAL/SPECIALIZED EQUIPMENT	87.0%
NEW/EXPANDED INFECTION CONTROL-RELATED SERVICES OR COSTS NOT OTHERWISE REFLECTED	88.3%
FACILITY MODIFICATION	68.8%
OTHER OUTBREAK-RELATED ACTIVITY	16.9%

As established in Special Bulletin #82.

Based on reporting Outbreak Providers that indicated use in at least 1 reporting month

(April or May, 2020)

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Reporting Related to Special Bulletins #82 and #93

Materials available at dedicated page:

NC Medicaid's COVID-19 Guidance and Resources for Medicaid Providers: https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers

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Status Reporting for Reimbursement

Materials for COVID-related rate adjustments

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Reporting Questions to Date

- FAQs attached as an appendix
- Will soon be posted in COVID-19 Knowledge Center

- **See SPECIAL BULLETIN COVID-19 #98: COVID-19 Knowledge Center Now Available: A Convenient Way for Providers to Find Information**

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Serving as a COVID Response Facility

- To support nursing facilities that admit Medicaid beneficiaries who are COVID positive.

- Looking to expand and strengthen this network in order to support potential, future acute care discharge needs.

- Details provided in Special Bulletin 82. Updated guidance forthcoming.

- Rate adjustment comparable to Outbreak facility rate.

- For additional information, please reach out to:
  Medicaid.ProviderReimbursement@dhhs.nc.gov

COVID Special Bulletins Released since Last Webinar

Special Medicaid Bulletins
Bulletins Specific to COVID-19

All available at: https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers

- SPECIAL BULLETIN COVID-19 #102: Laboratory Codes for Coronavirus (COVID-19) Testing - June 22, 2020

- SPECIAL BULLETIN COVID-19 #101: Medicaid Providers May Be Eligible for Federal Funding - June 19, 2020

- SPECIAL BULLETIN COVID-19 #100: Hospice Provider COVID-19 Rate Structure Clarifications - June 15, 2020

- SPECIAL BULLETIN COVID-19 #99: North Carolina General Assembly Mandates Temporary 5% Rate Increase for Certain Medicaid Providers - June 15, 2020

- SPECIAL BULLETIN COVID-19 #98: COVID-19 Knowledge Center Now Available: A Convenient Way for Providers to Find Information - June 11, 2020

Questions from this Medicaid Update?

About Hardship Advancements	Medicaid.Hardships@dhhs.nc.gov
About COVID-related Rate Increases	Medicaid.ProviderReimbursement@dhhs.nc.gov
About Reports Required of Outbreak and Response Facilities	Medicaid.ProviderReimbursement@dhhs.nc.gov
About COVID-related flexibilities in Medicaid Policy	Medicaid.covid19@dhhs.nc.gov

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Q & A

**Please type questions using the
Zoom Webinar Q&A**

NC Medicaid Appendix:
FAQs from Report Orientation Sessions Under Special Bulletins #82 and #93

ACH Outbreak Reporting Session under Special Bulletin #82

1. **Does a COVID-19 diagnosis mean a test result or a doctor/MD diagnosis?**
   a. *Please see ICD-10 diagnosis criteria U07.1 for specific guidance. The COVID positive determination must be made under appropriate testing criteria or otherwise made by a clinician with appropriate authority to diagnose. This is a medical diagnosis and should be documented by the resident's medical provider. If the ACH provider is unclear about whether a resident meets the ICD 10 criteria, please do not include the resident on the report.*

2. **Are we intended to report COVID positive Medicaid residents or all COVID positive residents whether Medicaid or not?**
   a. *As clarified on the webinar, please report only Medicaid (including those who are dually eligible for Medicare and Medicaid), COVID + residents.*

3. **What occurs when the only residents who are positive are non-Medicaid? How do you know that the outbreak status is still appropriate?**
   a. *If Outbreak status due in part to employee's or non Medicaid resident's COVID+ status, please note on Face Sheet under Provider Notes for the Diagnosis Attestation. Please include reporting month for which the note applies, updating as needed, each month.*
   b. *Please see Example copied below:*

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 Medicaid residents.

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ACH Outbreak Reporting Session under Special Bulletin #82

4. **Does a community have an outbreak if two or more non beneficiary residents are COVID-19 positive or is the outbreak definition in this context based only on the beneficiary resident count?**

   a. *An Outbreak is defined according to public health guidance,*

      i. 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 <u>not</u> evidence of continued transmission within the facility. This is measured as 28 days after the latest date of onset in a symptomatic person or the latest date of specimen collection in an asymptomatic person, whichever is later. 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.

   b. *A congregate care provider's Outbreak status is not specific to Medicaid beneficiaries.*

   c. *Because the Outbreak Report is tracking Medicaid beneficiaries specifically, it is possible that many residents who are COVID + will not be reflected on the report.*

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ACH Outbreak Reporting Session under Special Bulletin #82

5. **Does the added rate run through the end of the month in which the outbreak ends?**
   Yes, the facility outbreak rate will run until the end of the month.

6. **ACH facilities are not physicians and do not diagnose. Is this advice is for MD's, etc.?**
   a. *As noted above, the COVID positive determination must be made under appropriate testing criteria or otherwise made by a clinician with appropriate authority to diagnose. This is a medical diagnosis and should be documented by the resident's medical provider. If the ACH provider is unclear about whether a resident meets the ICD 10 criteria, please do not include the resident on the report.*

7. **Is this applicable to ICF/IID facilities?**
   a. *The Outbreak Rate and related reporting apply to nursing facilities and impacted PCS service providers billing under the appropriate taxonomy and procedure codes/modifiers as reflected on: https://files.nc.gov/ncdma/PCS-Fee-Schedule-effective-4.1.2020.pdf. For additional information about COVID response for ICF/IDD, please contact the relevant LME-MCO.*

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ACH Outbreak Reporting Session under Special Bulletin #82

8. You indicated that tracking is required for COVID positive Medicaid beneficiaries. What if the resident is currently not approved for PCs, do they need to be included on the report?
   a. *Yes, please include the COVID + Medicaid beneficiary on the report, even if the resident is not approved for PCS.*

9. So, what if the outbreak either starts or is continued due to a private pay resident or staff? If we're not recording those what will Medicaid want is proof of the outbreak?
   a. *Facility Outbreaks are tracked using data collected by Division of Public Health. As noted above, please follow the guidance provided in #3 if staff or non-Medicaid residents are the cause of the Outbreak status.*

10. Regarding private pay residents, if we don't want their information, but they are the last positive case, how would we reflect that?
    a. *Please note such in the Provider Note section of the Attestation line on the Face Page.*

11. With the 28-day rule applied to outbreaks, how would billing be allocated in the last month? If say the fifth of June outbreak is deemed over will the rate still be applicable for the full last month?

   a. Outbreak rates will apply for the full calendar month in which the Outbreak ends.

12. Is there documentation that <u>has to</u> be in place for the provider from the health department before you can bill for the outbreak rate?

   a. *The facility is not able to bill Outbreak-related payments unless it has first reported its Outbreak to the Division of Public Health through its local health departments.*

13. How does Medicaid view the provision of services from volunteers in the immediate period of outbreak, what should the community keep <u>in regard to</u> records on volunteers (e.g., nurses, PA's, etc.)?

   a. *NC Medicaid has not modified its requirements for individuals providing PCS services. Services billed to Medicaid must meet the requirements per Clinical Coverage Policy and Licensure.*

   b. *Volunteers providing care or medication administration to a resident must meet all applicable personnel rule requirements to work in a facility, unless a particular requirement was waived under STATEWIDE WAIVERS OF CERTAIN LICENSING REQUIREMENTS FOR ADULT CARE HOMES (ACH) AND FAMILY CARE HOMES (FCH) DUE TO NOVEL CORONAVIRUS DISEASE 2019 (COVID-19) available here: https://info.ncdhhs.gov/dhsr/acls/pdf/memo/April24-2020-COVID-19-NCDHHS-StatewideWaiversCertainLicensingRules-ACH-FCHs.pdf*

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Nursing Facility Outbreak Report Under Special Bulletin #82 Session FAQs

Nursing Facility Outbreak Rate/Report Q&A

Q: What about residents who are Medicaid pending who may end up being Medicaid with a retro date back to the time of this active infection/ additional funding period?

A: A resident may be added to the report in Medicaid Pending status if the resident is otherwise appropriate to be included.

Q: If we have no residents or employees who are positive, do we need to send an indication of that each month?

A: No, the facility does not have to submit any reporting.

Q: Is this status report also the roster used for billing since it includes dual eligible residents even if Medicare is primary?

A: No. This report is used to track the COVID dynamics of Medicaid beneficiaries including Dually Eligible beneficiaries. It may include Medicaid residents for whom the provider may not otherwise be eligible for COVID-specific reimbursement.

Nursing Facility Outbreak Report Under Special Bulletin #82 Session FAQs

Q: How long does it take for the payments rates to be updated for billing once an Outbreak facility is identified?

A: Provider Reimbursement team processes *COVID-specific rate occur weekly. Rates should be in effect in NCTracks within 72 hours after this processing.*

Q: Once the rate has been updated in NCTracks, how long should a claim be in a pending payment status?

A: *NCTracks reprocesses (or "recycles") pending claims weekly on Thursdays.* As long as the claim is submitted prior to this date, it should be reprocessed.

Response Facility Reporting Under Special Bulletin #82 FAQs

Nursing Facility Response (not Outbreak) Rate/Reporting Q&A

Q: Do we include Duals on the Report, even if Medicare is Primary Payor?
A: *Response facility reporting requirements are separate from proper claiming requirements. Dually eligible residents should be included in reporting, but providers will not draw down Medicaid-funded COVID rates while the resident's primary payor is Medicare.*

Q: When is a Facility considered a "response facility?" Can we bill for services provided before we receive confirmation?
A: *Response facility status is confirmed through Response Facility confirmation email sent to the provider from NC Medicaid. Once this confirmation is activated, a Response Facility provider may bill COVID-related rates retroactively to April 1, 2020 on appropriate dates of service that the facility actually served COVID+ Medicaid residents who were subsequently admitted to the facility. It is not appropriate to claim COVID Response Rates if the facility had not yet started accepting COVID+ residents. Residents who acquired COVID <u>after</u> admission to the facility are not appropriate for Response Facility claiming.*

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In-Home Provider Rate/Reporting FAQs under Special Bulletin #93

<u>In Home Provider Rate/Reporting Q&A</u>

Q: Must providers wait for the official rate letter before assigning patient rates and hours?

A: *No. The rate adjustment and hour reimbursement process under Special Bulletin 93 are activated with the submission of the COVID+ Report template, reflecting those Medicaid beneficiaries currently served who are COVID+.   The rate letter will follow this submission. All technical functionality should be finalized by June 22,2020 and providers will be notified.*

Q: When you say "location" do mean patient residence address?

A: *No. If a provider has multiple service locations under one NPI, these locations will be identified through location-specific "locator codes" in NCTracks. If a provider has multiple locator codes in NCTracks under the same NPI, please include the locator codes applicable to beneficiaries reflected in the provider's COVID+ Report Template.*

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Q: In column P, if a client comes back home and service resumes, is it required that they are still considered COVID+ or is this intended for any return home?

A: Column P is *Date Services Resumed (if admitted to a facility and returned home during the reporting month, if applicable)*. Thank you for noting this return in Column P, regardless of COVID status. Days which the beneficiary is served but not COVID+ should be excluded from the count under Column J (*Total Days During Reporting Month Diagnosis Code U07.1 Applied to Claim .Please include total days provider served client and also included U07.1 code on the claim within reporting month*.).

Q: Cases started in March. Would it be fair to go back to March instead of April 1?

A: *At this time, rate adjustments under Special Bulletin 93 apply only to applicable dates of service of April 1, 2020 or later.*

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In-Home Provider Rate/Reporting FAQs under Special Bulletin #93

Q: Please explain how the hardship advance is different from the COVID rate.
A: A hardship advance enables an eligible provider to receive interim payments for services being rendered for recipients impacted by COVID environments. These payments are based upon a specific two months of prior Medicaid payments, and increased by 25 percent to allow for increased staffing and PPE costs. Once the interim advances are released to the provider, all subsequent claims that process to pay are first applied to pay back the interim payments. Once the advance is fully repaid, paid claims resume their normal payment to the provider. For additional information, please email. Medicaid.Hardships@dhhs.nc.gov

The COVID-related rate adjustments reflected in Special Bulletin 93 (and others) are time-limited rate increases tied to the requirements established in the applicable Special Bulletin. These COVID-related rates are provided through claims reimbursement, not advances.

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Q: Will they need a doctor's note saying they have COVID-19?
A: Please review CDC guidance on U07.1 ICD-10 code application. The provider should retain documentation consistent with this guidance.

Q: Is hazard pay offered to all personal care workers?
A: COVID-specific rate adjustments are not tied to hazard pay specifically, but made available to assist providers in meeting COVID-related needs, including hazard pay, as applicable.

Q: Is the rate increase for case manager fees only for COVID positive patients or everyone?
A: Case manager fees are not covered under Special Bulletin 93.

Q: Are we eligible If a doctor just has patient to self-quarantine and doesn't test? For example, they were exposed but wasn't tested and told to quarantine for 14 days.
A: Under Special Bulletin 93, the beneficiary must have a confirmed COVID diagnosis consistent with the CDC's guidance.

Q: Do we need to send in the report if there are no COVID case to date?
A: No.

In-Home Provider Rate/Reporting FAQs under Special Bulletin #93

Q: Are we to have paper trail with the date and positive test of COVID from doctor?

A: The provider should retain documentation of a COVID+ diagnosis consistent with the CDC criteria. Please see CDC ICD-10 diagnosis criteria U07.1 for specific guidance. The COVID positive determination must be made under appropriate testing criteria or otherwise made by a clinician with appropriate authority to diagnose. This is a medical diagnosis and should be documented by the resident's medical provider.

In-Home Provider Rate/Reporting FAQs under Special Bulletin #93

Q: How does this information get to NC Tracks for payment to providers?

A:

- *Providers serving COVID+ beneficiaries under Special Bulletin #93 are required to submit [name of template report] in order to draw down enhanced rate.*
- *The Report is submitted to [provider reimbursement email here].*
- *Report will activate process for establishing a rate increase specific to the applicable NPI and locator codes.*
- *Technical requirements for both increased rates and increased hours are being established. This functionality should be established by mid to late June and DHB will communicate this operability through its PCS, CAP/DA and CAP/C provider portals*
- *Once this functionality is established, a provider's claim for service provided will be reimbursed at COVID enhanced rate and provider will be able to bill the additional hours used to support the COVID+ beneficiary.*
- *If a provider has not yet submitted eligible claims, NC Medicaid recommends holding claims until technical functionality is established, following billing guidance provided.*
- *If a provider has submitted eligible claims with the U07.1 diagnosis code, these claims will be reprocessed once functionality is established.*
- *If a provider has already submitted eligible claims (for DOS 4/1/2020, forward), without U07.1 diagnosis, provider will need to resubmit with diagnosis code.*

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